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सुश्रुत-संहिता

निदान-स्थानम्

Diagnostic Considerations in

ANCIENT INDIAN SURGERY

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DIAGNOSTIC CONSIDERATIONS IN

ANCIENT INDIAN SURGERY

(BASED ON NIDĀNA-STHĀNA OF SUŚRUTA-SAṀHITĀ)

by

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कर्मण्येवाधिकारस्ते मा फलेषु कदाचन।
मा कर्मफलहेतुर्भूर्मा ते सङ्गोऽस्त्वकर्मणि ॥

—श्रीमद्भगवद्गीता

"Thy right is to work only; but never to its fruits; let not the fruit of action be thy motive, nor let thy attachment be to inaction."

—*Śrīmad-Bhagavadgītā*

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CONSULTING EDITOR'S PAGE

I am happy to know that the Suśruta-Saṁhitā with English Commentary is now ready for publication in 12 volumes dealing with different aspects of Ancient Indian Surgery. This particular volume devoted to Nidāna-Sthāna is being brought out as "Diagnostic Considerations in Ancient Indian Surgery" first, because of its greater utility for the practising surgeons.

Here I must congratulate the Chief Editor, Dr. Singhal and his colleagues, for taking this stupendous task of writing such a valuable and useful commentary in an easily understandable English language.

Such a book as this was really overdue, and its utility has improved considerably since these commentaries are written by practising surgeons and other medical men.

I wish this venture a great success.

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Varanasi
14 May, 1972.

FOREWORD

It is a common fault of the historians to handle sometime ancient medical works which they do not know.

This lack of knowledge, of course, may lead to affirm things that are not correct, because they have been badly handed down or misinterpreted by the person who referred the content of those ancient texts.

If this deficiency is deplorable in our occidental culture, especially with concern to Greek and Latin works which were not read directly, it may even more easily happen with works of the ancient oriental medicine.

The knowledge of those languages is indeed a rare exception for medical historians of the Occident.

Information on ancient Indian surgery, and in our case the existence of a great treatise of Suśruta Saṁhitā, represents acquisitions known to the western historians for having heard of them or thanks to references, more or less vague. There may also be known passages of some work, but this is not sufficient to affirm to have a thorough knowledge of the complete content of ancient Indian surgery and of the doctrines giving a complete and precise physiognomy of it.

The work completed by Dr. Singhal and his co-workers is indeed praiseworthy : the book which now comes to light is a precious source for the knowledge of the ancient surgery in which Suśruta, the best known surgeon of the civilization, remembers the greatness of Ayurveda as far as surgery is concerned.

The book Ancient Indian Surgery-Diagnostic Considerations is based on Nidāna-Sthāna of Suśruta Saṁhitā, the great ancient Indian Surgical treatise—an absolute classical work for the historical medical Sanskrit literature, for which the Author's name remains immortal in the History of Medicine.

The perfect knowledge of Dr. Singhal of the material, both the surgery and the language, are a sure guarantee for the reliability of the work.

The organization of each chapter of the book, the Summary put at the beginning, the Suggested Research Problems at the end of each chapter and the 4 line gists of each chapter, permit to any reader, even without knowing Sanskrit, to find the material of his interest without any difficulty.

The really monumental work of Dr. Singhal, the complete treatment of which consists of eleven volumes, merits therefore every praise and acknowledgement of the scholars of the History of Medicine throughout the world.

00185 ROMA
Viale Dell' Universita 34/A
15 Sept. 1971

Dr. Adalberto Pazzini
Director, Institute of History of Medicine,
University of Rome, Italy, &
Past President,
International Society of History of Medicine.

PREFACE

India has a great and ancient cultural heritage. Medical treatment (*Āyurveda*) flourished here centuries ago when people in other parts of the world were not so advanced. There is no dearth of evidence to prove these statements as is shown by the Vedās, Purāṇas and other subsequent Indian publications.

Āyurveda, the ancient Indian system of medicine, was practised about 1000 B. C. It is available today in three classical Saṁhitās or treatises, the *Caraca*, *Suśruta* and *Vāgbhaṭa* (in addition to many other smaller later publications). All were written in Sanskrit, the ages old Indian language comparable to the Greek or Latin of the Western World. *Caraka* and *Vāgbhaṭa* are books mainly on medicine whereas *Suśruta* is chiefly a surgical treatise.

As all these classical treatises have so far been available in Sanskrit only, they have been comparatively less well known to the modern world. A great necessity was felt to bring out the proud possessions of ours accepted as invaluable national literary treasures using contemporary scientific and medical terminology in a language understandable easily in many other parts of the world. *Suśruta*, the surgical treatise has been selected to be brought out first.

A great necessity has been felt by the scientists of the modern world, doctors, surgeons, historians, research workers and the educated class of public in general to be able to get to know *Suśruta-Saṁhitā* in the language understandable by them. English written in Roman script was selected as the language for translation as it is one of the international languages

and myself and other authors and translators here have a working knowledge of it.

Other attempts at translation and their drawback

The first attempt at translation of *Suśruta-Saṁhitā* was made in 1897 by Dr. A.F.R. Hoernle, C.I.E. His preface is quoted verbatim below :

"The present translation of the *Suśruta-Saṁhitā* has been undertaken by me at the special request of the Council of the Asiatic Society of Bengal. The original translation made by Dr. Udoy Chand Dutt was stopped by the untimely death of the translator, after the publication of his second fasciculus. Its continuation by another translator proved so unsatisfactory that it had to be abandoned, after one more fasciculus. Dr. U. Ch. Dutt's translation, though a very fair performance, laboured under the disadvantage, owing to the translator's want of knowledge of Sanskrit, of not being made directly from the original language. It also lacked elucidation from the works of commentators. Both points are remedied in the present translation, which accordingly has been commenced de novo."

Calcutta, 26th November, 1897 A.R.H.

The next attempt at translation only (without any comments etc.) of *Suśruta-Saṁhitā* was made by Kaviraj Kunj Lal Bhisagratna in 1907. He was a great Sanskrit scholar without modern medical or surgical background. Consequently, his book, though a brave and creditable attempt, could neither provide much help to the scientist, the research worker or the historian, nor could his interpretations be correlated with modern medical terminology. Kaviraj Bhisagratna's translation, at places gives the impression of being explanatory rather than literal and of being somewhat biased.

Hoernle's translation was more accurate than that of Kunjlal

or U. Ch. Dutt's but the scientific comments were lacking and one could not find out the historical facts of importance or the problems on which scientists and research workers should concentrate. But whatever it is, he could bring out only one fasciculas of 98 pages of this much needed book.

The pattern followed in this book

The original has 186 chapters (1000 pages) in Sanskrit. Every verse or stanza in each chapter is numbered. Translation of each verse or stanza has now been done as accurately as possible. Each verse or a few verses together have been given followed immediately by their English syntex; each unit has been given a heading in modern terminology which is usually self-explanatory. Hence, footnotes have been given sparsely and only if their necessity has been felt strongly.

In addition, the volume has an 'Introduction' in the beginning which includes a "four line gist" of each chapter contained in that particular volume. Thus even a casual reader by reading the introduction would get to know the broad contents of the book. If the gist of any chapter interests him he could read more about it in the "Summary" given at the beginning of the chapter concerned. If any point further arouses his curiosity, he could turn over to the verse or stanza concerned with the heading outlined for him alongwith the original Sanskrit and its literal (syntex) translation "ready on the plate" as it were. And the reader has not got to go further than turning to the end of the chapter to look for the research problems that he may be interested in.

Importance of the book :

It is believed that this book would be a fundamental contribution to the History of Medicine. Our entire concept

of History of Medicine would need to be reoriented, e.g. classification of burns would begin by *Suśruta* and not Dupuytrens, lithotomy operations should mention *Suśruta* before Ambroise Pare, credit for describing signs of inflammation first should go to *Suśruta* and not to Celsus and a host of other things such as piles, fistula, skin diseases, eye diseases etc.

In addition, the research problems outlined in this book would interest the Pharmacology Deptt., Botany Deptt., pharmaceutical drug companies, the surgeons and physicians, and the research workers in the experimental surgery and other sections.

Presentation of this terse, ancient Sanskrit medicinal classic in such a scientific yet easy and lucid way is something unique. If even one good drug is found such as that mentioned in S.S.I.14. which could be of value in haemostasis, e.g. after prostatectomy or a bleeding disease, or its counterpart, a drug which has anticoagulating properties of possible use in the prevention and cure of cerebral or coronary thrombosis, it would be a drug worth its price.

Translation has been checked many times by competent authorities. Summary and research aspects, comments and references have been carefully written. Still it would be a great wonder if scope for improvement was not found. Many mistakes would certainly be pointed out by the learned readers which would be tried to be rectified in subsequent editions.

Book 3 on Diagnostic Considerations is being brought out first because of its greater practical utility. It is expected that the other books of the series would be published in rapid succession.

G. D. Singhal
L. M. Singh
K. P. Singh

26 January, 1972
Varanasi, India

ACKNOWLEDGEMENT

I am very grateful to Dr. L. M. Singh, my constant colleague in the production of this great enterprise.

I am greatly indebted to Prof. K. N. Udupa, M. S., F.R.C.S.(C), F.A.C.S, F.A.M.S., Professor of Surgery and Director, Institute of Medical Sciences for agreeing to be the consulting editor.

I am also grateful to Prof. A. Pazzini, Director, Institute of History of Medicine, University of Rome for writing the foreword and to the Manager, Sammelan Mudranalaya, Allahabad for printing it.

I also acknowledge my sincere thanks to Dr. B. P. Verma, M. S., M. S. (Orth.), Reader in Orthopaedics, Dr. Gurumohan Singh, M. D. (Dermat.), Reader in Skin & V. D., and Dr. A. B. Srivastava, B. D. S., M. D. S., F. I. C. D., Reader in Dental Surgery of The Institute of Medical Sciences for their helpful comments on Ch. 3, 5 and 16 respectively.

I offer my sincere gratefulness to the various other members of the editorial board also who have taken part in shaping the various chapters of this book.

It is now in your hands. You are the judge. Your valueable opinion and suggestions are earnestly requested. Your comments would be of help in subsequent editions of this and of other volumes of Ancient Indian Surgery series where due acknowledgement would be given.

New F/1, Hyderabad Colony,
B.H.U., Varanasi–5, India.
26 January, 1972

G. D. Singhal

COAUTHOR'S NOTE

It is a very happy day that the time has come for me to write a few words when this book is going to the press. I had always felt that a great part of the world was still ignorant about the hidden treasures which India had in its ancient books. Ever since my student days I had an earnest desire to translate our ancient Indian medical books in such a way that millions of people who live outside India may also be able to read and talk about them.

Proper help and guidance of some interested person was obviously vital to start such an august work. The opportunity presented itself when Dr. G. D. Singhal, M.S., F.R.C.S. (Edin.), joined the College of Medical Sciences in the Department of Surgery. He was so interested in translation work of Indian books on Medical Sciences into English that he wrote a book on "Surgical Ethics in Āyurveda" within a year of his stay in this University. With the unimaginable success of this book his interest deepened for further translation work of the whole "SUŚRUTA-SAṀHITĀ" with a surgeon's approach.

Since the work load for the complete translation was beyond the capacity of one man alone and as it demanded a team work, Dr. Singhal wanted the help of some interested persons. As soon as he came to know about my interest in the uplifting and propagation of Āyurveda in a scientific way he approached and requested me to join in the team. Needless to say I was only too glad to accept the offer as it was one of my cherished ambitions for a long time.

I selected to work on Nidāna-Sthāna (the canto dealing with the etiopathogenesis) for many reasons. This section

deals with the causative factors and diagnosis of diseases which form the basis for further study, understanding, teaching and research work. This section perhaps is one of the most important contributions that *Suśruta* had made towards Ancient Indian Surgery. (I also knew that this was one of the smaller cantos and was likely to finish sooner than others !)

As the work progressed another helping hand was required. Dr. L. M. Singh, Reader in Śalya Department of the Post Graduate Instutute of Indian Medicine, readily accepted our request and proved that if there was a will, there was a way. With the help of Dr. Singh the speed of translation work came into full swing and the initial work was completed within a very short time. Continuing the work with greater zeal and enthusiasm this section was thus finalised before others and hence it is being published earlier. It has been only due to the untiring efforts of Dr. L. M. Singh that this work has attained its present shape.

I would be failing in my duty if I did not express my deep sense of gratitude to Dr. G. D. Singhal, M. S., F.R.C.S. (Edin)., who has been the main architect of this entire project. He has been the life and soul from the conception of this book to its completion today and it has been only due to his constant persuasion and encouragements that we all joined hands together and worked so harmoniously. But for his missionary spirit and incessant goadings, which at times were painful, these chapters would not have taken the shape in which they are being presented here.

The success of this work depends on its readers, who might be the undergraduate or postgraduate medical students, the historians of medicine or the research workers, the surgeons

or *Āyurvaidika* scholars or any one else interested in it. If this book proves to be of any help to them during their medical education, teaching or research work etc., I shall feel, our efforts have been fruitful.

In the end I would very modestly like to emphasize the unparalleled style of this work, as a book of quotable quotes designed exclusively for the reader to help him pick out the required quotation that he may be looking for in no time, even though he may not at all be conversant with Sanskrit.

This presentation is not just a translation. The Sanskrit syntex provided is half the work only; another quarter consists of the 'four line gists' included in the Introduction, the 'Summaries' provided at the beginning of each chapter and the 'Headings' given for each unit of verses/stanzas: and the remaining quarter of the work consists of the list of 'Suggested Research Problems' at the end of each chapter.

Varaṇasi,
29th April, 1971.

K. P. SINGH
Asst. Superintendent,
S. S. Hospital,
Banaras Hindu University.

KEY TO TRANSLITERATION

अ	आ	इ	ई	उ	ऊ	ऋ	ए	ऐ	ओ	औ	अं	अः
a	ā	i	ī	u	ū	ṛ	e	ai	o	au	aṁ	aḥ

क्	क	ख्	ख	ग्	ग	घ	ङ
k	ka	kh	kha	g	ga	gha	ṅa

च	छ	ज	झ	ञ
ca	cha	ja	jha	ña

ट	ठ	ड	ढ	ण
ṭa	ṭha	ḍa	ḍha	ṇa

त	थ	द	ध	न
ta	tha	da	dha	na

प	फ	ब	भ	म
pa	pha	ba	bha	ma

य	र	ल	व
ya	ra	la	va

श	ष	स	ह
śa	ṣa	sa	ha

क्ष	त्र	ज्ञ
kṣa	tra	jña

ABBREVIATIONS

Suśruta-Saṁhitā		S.S.
	– Sūtra-Sthāna	S.S.I
	– Nidāna-Sthāna	S.S.II
	– Śārīra-Sthāna	S.S.III
	– Cikitsā-Sthāna	S.S.IV
	– Kalpa-Sthāna	S.S.V
	– Uttara-Tantra	S.S.VI
Caraka-Saṁhitā		C.S.
	– Sūtra-Sthāna	C.S.I
	– Nidāna-Sthāna	C.S.II
	– Vimāna-Sthāna	C.S.III
	– Śārīra-Sthāna	C.S.IV
	– Indriya-Sthāna	C.S.V
	– Cikitsā-Sthāna	C.S.VI
	– Kalpa-Sthāna	C.S.VII
	– Siddhi-Sthāna	C.S.VIII
Vāgbhaṭa (Younger)		V.
Vṛddha Vāgbhaṭa (Elder)		V.V.
	– Sūtra-Sthāna	V.V.I
	– Śārīra-Sthāna	V.V.II
	– Nidāna-Sthāna	V.V.III
	– Cikitsā-Sthāna	V.V.IV
	– Kalpa (Siddhi)-Sthāna	V.V.V
	– Uttara-Tantra	V.V.VI

Kāśyapa-Saṁhitā .... K.S.
Cakrapāṇi Dutta .... C.D.
Monier Williams, Sanskrit English Dictionary,
Oxford, 1899 .... M. W.
Manu-Smṛti .... M.S.
V. S. Apte, Sanskrit-English Dictionary,
Jainendra Press, Dehli. 1963 .... Apte

CONTENTS

INTRODUCTION

Nidāna-Sthāna or the Section on Diagnostic Considerations consists of sixteen chapters. All these deal with the aetiology and signs and symptoms of the various important surgical diseases. The management of these various diseases has been dealt with in the first half of *Cikitsā-Sthāna* (S.S. IV), the section on treatment.

The salient features of these chapters are as follows :

Chapter 1 — It deals with the locations and functions of the five types of *vātas* in the body in health and the clinical features of the diseases produced by their vitiation alone or in association with other *doṣas*. (Pages 7—32).

Chapter 2 — It deals with the aetiology, anatomical considerations, pathogenesis and prognosis of anal piles. It also deals with the diagnosis of fleshy protuberant lesions (resembling piles) in other areas of the body. (Pages 33—48).

Chapter 3 — It deals with the anatomical and physiological considerations of urinary bladder, the aetiology, pathogenesis, premonitary symptoms, clinical features and complications of the four types of vesical calculi and of seminal concretions and urinary gravel. (Pages 49—62).

Chapter 4 — It deals with the aetiology, pathogenesis, clinical features, diagnosis and prognosis of the five types of fistula-in-ano. (Pages 63—74).

Chapter 5 It deals with the aetiology, pathogenesis, clinical features, complications and prognosis of the seven major and eleven minor skin diseases (including leprosy) and the three types of leucoderma. It also describes the modes of spread of contagious diseases. (Pages 75—92).

Chapter 6 It deals with the aetiology, pathogenesis, clinical features and complications of the twenty urinary abnormalities. Clinical features and prognosis of the ten types of associated boils have also been given. (Pages 93—108).

Chapter 7 It deals with the aetiology, pathogenesis, clinical features and prognosis of eight types of abdominal enlargements including intestinal obstruction, perforation, splenomegaly and ascites. (Pages 109—120).

Chapter 8 It deals with the aetiology, pathogenesis and prognosis of various forms of foetal malpresentations and mentions Caesarian section to save the child. (Pages 121—132).

Chapter 9 It deals with the etiology, pathogenesis and clinical features of external abscesses of six types, internal abscesses including puerperal sepsis and acute osteomyelitis, differentiating features of a gaseous abdominal swelling and an intra-abdominal abscess. (Pages 133—146).

Chapter 10 It deals with the etiology, pathogenesis, clinical features and prognosis of various types of cellulitis and sinuses as well as those of some breast diseases. (Pages 147—160).

निदान-स्थानम्
प्रथमोऽध्यायः

वातव्याधि-निदानम्
Diagnosis of Vātika Diseases

CHAPTER ONE
NIDĀNA-STHĀNA

S.S. II. 1

SUMMARY

1. The chapter begins by *Suśruta's* enquiry (3, 4) from Lord *Dhanvantari* regarding the locations and functions of *vāta* in health and in disease. The Lord describes the general characteristics of *vāta* (5–10) and then the specific features of the five types of *vātas* (*prāṇa*, *udāna*, *samāna*, *vyāna* and *apāna*) in health (11–20/1).

2. The general effects of vitiated *vāta* as also its local effect on different organs of the body such as stomach, intestine, skin etc. have been described (20/2–31/1).

3. Effects produced by the association of *vāta* in general and of the different types of *vātas* in particular with the other types of *doṣas* such as *pitta*, *kapha* and *śoṇita* have been given (31/2–39).

4. Nomenclature and clinical features of the various and diverse diseases produced by vitiated *vāta* have been described (40–91).

अथ निदानस्थानम्

NIDĀNA-STHĀNA

प्रथमोऽध्यायः

Chapter One

1. अथातो वातव्याधिनिदानं व्याख्यास्यामः ॥१॥

Now we would expound upon the "Diagnosis of *Vātika* Diseases".[1]

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*

3, 4. Suśruta's Enquiry

धन्वन्तरिं धर्मभृतां वरिष्ठममृतोद्भवम् ॥
चरणावुपसंगृह्य सुश्रुतः परिपृच्छति ॥३॥
वायोः प्रकृतिभूतस्य व्यापन्नस्य च कोपनैः ॥
स्थानं कर्म च रोगांश्च वद मे वदतां वर ! ॥४॥

Suśruta asks touching the feet of *Dhanvantari*, pre-eminent amongst the supporters of religion and whose origin has taken place along with ambrosia.

Foremost amongst the expounders ! Could you please tell me the locations, functions and disorders of the *vāta* in its normal state and of the one which is vitiated due to its irritants.

---

1. *The management of these diseases has been discussed in S.S. IV.*4 *and S.S.I*V.5.

5. Dhanvantari's Reply

तस्य तद्वचनं श्रुत्वा प्राब्रवीद्भिषजां वरः।
स्वयंभूरेष भगवान् वायुरित्यभिशब्दितः ॥५॥

After hearing these words of his, the supreme amongst the physicians spoke : This *vāyu* is known as the self existent *Bhagavān*[1] himself.

6—9/1. General Characteristics of Vāta

स्वातन्त्र्यान्नित्यभावाच्च सर्वगत्वात्तथैव च।
सर्वेषामेव सर्वात्मा सर्वलोकनमस्कृतः ॥६॥
स्थित्युत्पत्तिविनाशेषु भूतानामेष कारणम्।
अव्यक्तो व्यक्तकर्मा च रूक्षः शीतो लघुः खरः ॥७॥
तिर्यग्गो द्विगुणश्चैव रजोबहुल एव च।
अचिन्त्यवीर्यो दोषाणां नेता रोगसमूहराट् ॥८॥
आशुकारी मुहुश्चारी पक्वाधानगुदालयः।

As it is independent and eternal and is also all-pervading it is the soul of all living beings and is held in esteem everywhere.

This is the cause of origin, existence and destruction of all living beings. Although invisible, the *vāyu* manifests itself by its functions. It is also dry, cold, light and rough.

It traverses obliquely, has two attributes[2] and is predominantly *rajas*[3] It has unimaginable energy, is the activator of *doṣas*[4] and is the chief cause of the groups of disorders.

It is quick acting, keeps on moving repeatedly and is mainly located in the intestines and rectum.

---

1. *God possessing all powers e.g. omnipresence etc.*
2. *Tactile and acoustic.*
3. *Other two properties being tamas and sattva.*
4. *Vāta, pitta and kapha.*

9/2, 10. Functions of Vāta in Health

देहे विचरतस्तस्य लक्षणानि निबोध मे ।।९।।
दोषधात्वग्निसमतां संप्राप्तिं विषयेषु च ।
क्रियाणामानुलोम्यं च करोत्यकुपितोऽनिलः ।।१०।।

Now please listen to the features produced due to its movements in the body.

The unvitiated *vāyu* maintains the equilibrium between *doṣas*, *dhātus* and metabolic fire and also helps in the perception of objects of senses[1] by inducing the systems to function in their normal ways.

11, 12. Five types of Vātas

यथाऽग्निः पञ्चधा भिन्नो नामस्थानक्रियामयैः ।
भिन्नोऽनिलस्तथा ह्येको नामस्थानक्रियामयैः ।।११।।
प्राणोदानौ समानश्च व्यानश्चापान एव च ।
स्थानस्था मारुताः पञ्च यापयन्ति शरीरिणम् ।।१२।।

As the *agni* (*pitta*) is of five types depending upon name, location, functions and the disorders, similarly the one *vāyu* is of different types depending upon its nomenclature, locations, function and diseases.

The five types of *vāyus* are *prāṇa*, *udāna*, *samāna*, *vyāna* and *apāna*. Located in their specific places, they maintain the (structure and functions of) living beings.

13, 14/1. Prāṇa Vāyu

यो वायुर्वक्त्रसंचारी स प्राणो नाम देहधृक् ।
सोऽन्नं प्रवेशयत्यन्तः प्राणांश्चाप्यवलम्बते ।।१३।।
प्रायशः कुरुते दुष्टो हिक्काश्वासादिकान् गदान् ।

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1. *Sound, touch, form, taste and smell.*

That *vāyu* which circulates in the oral cavity is named *prāṇa* (*vāyu*) and it maintains the body. The same (*vāyu*) makes the food enter inside (allows deglutition) and it also supports the life[1]. When vitiated, it often produces disorders like hiccough, respiratory difficulty etc.

14/2, 15. Udāna Vāyu

उदानो नाम यस्तूर्ध्वमुपैति पवनोत्तमः ॥१४॥
तेन भाषितगीतादिविशेषोऽभिप्रवर्तते ।
ऊर्ध्वजत्रुगतान् रोगान् करोति च विशेषतः ॥१५॥

That (*vāyu*) which travels upwards is called *udāna* and is the best among the *vāyus*. Speech, songs etc are specially initiated by the same. And it produces diseases specifically of structures above the clavicle (head and neck).

16, 17/1. Samāna Vāyu

आमपक्वाशयचरः समानो वह्निसङ्गतः ।
सोऽन्नं पचति तज्जांश्च विशेषान्विविनक्ति हि ॥१६॥
गुल्माग्निसादातीसारप्रभृतीन् कुरुते गदान् ।

That (*vāyu*) which circulates in the stomach and intestines is the *samāna vāyu*. In association with the metabolic fire (digestive juice and enzymes) it digests the food and specially seperates their end products. It causes abdominal swelling, indigestion, diarrhoea etc.

17/2, 18. Vyāna Vāyu

कृत्स्नदेहचरो व्यानो रससंवहनोद्यतः ॥१७॥
स्वेदासृक्स्रावणश्चापि पञ्चधा चेष्टयत्यपि ।
क्रुद्धश्च कुरुते रोगान् प्रायशः सर्वदेहगान् ॥१८॥

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1. *Twelve types*: *Ref. to S.S. III.* 4.3.

That (*vāyu*) which diffuses all over the body is the *vyāna vāyu* and is constantly engaged in the transport of *rasa*. It helps in sweating and also in the flow of blood. And its (voluntary) movements are of five types (expansion, contraction, upward, downward, and oblique). Upon being vitiated it often produces diseases which are generalized.

19, 20/1. Apāna Vāyu

पक्वाधानालयोऽपानः काले कर्षति चाप्यधः।
समीरणः शकृन्मूत्रं शुक्रगर्भार्तवानि च॥१९॥
क्रुद्धश्च कुरुते रोगान् घोरान् बस्तिगुदाश्रयान्।

That which is situated in the lower bowels is the *apāna vāyu* and by this *vāyu* faeces, urine, semen, foetus and menstrual fluid are brought down (and expelled) at appropriate times. Upon being vitiated, it produces serious diseases located in the bladder and rectum.

20/2, 21/1. General Effects of Vitiated Vāyus

शुक्रदोषप्रमेहास्तु व्यानापानप्रकोपजाः॥२०॥
युगपत् कुपिताश्चापि देहं भिन्द्युरसंशयम्।

Seminal disorders and abnormal urinary discharges[1] owe their origin to the vitiation of *vyāna* and *apāna vāyus*.

And when all the *vāyus* get simultaneously vitiated, the body undoubtedly gets destroyed.

21/2, 22/1. Local Effects of Vitiated Vāyus

अत ऊर्ध्वं प्रवक्ष्यामि नानास्थानान्तराश्रितः॥२१॥
बहुशः कुपितो वायुर्विकारान् कुरुते हि यान्।

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1. *Genito-urinary disorders.*

Now I would further discourse upon those diseases which are produced by excessively vitiated *vāyu* situated in different places.

22/2, 23/1. Effects of Vitiated Vāyu on Stomach

वायुरामाशये क्रुद्धश्छर्द्यादीन् कुरुते गदान् ॥२२॥
मोहं मूर्च्छां पिपासां च हृद्ग्रहं पार्श्ववेदनाम् ।

When the *vāyu* situated in *āmāśaya* (the stomach) gets vitiated it produces vomiting etc., and also stupor, unconsciousness, thirst, constricting pain in the precordium and pain in the sides.

23/2, 24. Effects of Vitiated Vāyu on the Intestines and Ear etc.

पक्वाशयस्थोऽन्त्रकूजं शूलं नाभौ करोति च ॥२३॥
कृच्छ्रमूत्रपुरीषत्वमानाहं त्रिकवेदनाम् ।
श्रोत्रादिष्विन्द्रियवधं कुर्यात् क्रुद्धः समीरणः ॥२४॥

Vitiation of *vāyu* situated in *pakvāśaya* (the intestines) causes gurgling, pain in the umbilical region, dysuria, difficulty in opening the bowels, abdominal distension and low back pain. Vitiated *vāyu* located in the ear etc. causes impairment of the respective sense organ.

25. Effects of Vitiated Vāyu on the Skin

वैवर्ण्यं स्फुरणं रौक्ष्यं सुप्तिं चुमुचुमायनम् ।
त्वक्स्थो निस्तोदनं कुर्यात् त्वग्भेदं परिपोटनम् ॥२५॥

(Upon vitiation of the *vāyu*) situated in the skin, depigmentation, twitching, roughness, numbness, tingling, pins and needles and sensation of tearing and splitting of the skin are produced.

26—29 Effects of Vitiated Vāyu on Miscellaneous Sites.

व्रणांश्च रक्तगो, ग्रन्थीन् सशूलान् मांससंश्रितः ॥
तथा मेदःश्रितः कुर्याद्ग्रन्थीन्मन्दरुजोऽव्रणान् ॥२६॥
कुर्यात् सिरागतः शूलं सिराकुञ्चनपूरणम् ॥
स्नायुप्राप्तः स्तम्भकम्पौ शूलमाक्षेपणं तथा ॥२७॥
हन्ति सन्धिगतः सन्धीन् शूलशोफौ करोति च ॥
अस्थिशोषं प्रभेदं च कुर्याच्छूलं च तच्छ्रितः ॥२८॥
तथा मज्जगते रुक् च न कदाचित् प्रशाम्यति ॥
अप्रवृत्तिः प्रवृत्तिर्वा विकृता शुक्रगेऽनिले ॥२९॥

(Upon vitiation of the *vāyu* situated) in the blood it causes ulcers, in the muscles it causes painful knotty swellings and located in the fat it produces mildly painful glands without ulceration; upon getting into the veins it causes pain, contraction or engorgement; if it gets into the ligaments it causes stiffness, instability, pain and convulsions; if it gets into the joints, it causes pain and swelling and impairs its functions; if it gets into the bones, it causes bone atrophy and cracks and pain; and if it gets into the marrow it produces pain which never subsides. If it (vitiated *vāyu*) gets into the semen, discharge of the later ceases or it becomes abnormal.

30, 31/1. Effects of Generalised Vitiation of Vāyu.

हस्तपादशिरोधातूंस्तथा संचरति क्रमात् ॥
व्याप्नुयाद्वाऽखिलं देहं वायुः सर्वगतो नृणाम् ॥३०॥
स्तम्भनाक्षेपणस्वापशोफशूलानि सर्वगः ॥

Upon generalized vitiation of the *vāyu* in the human beings, it circulates in their hands, feet, head and in the tissues respectively and gets diffused all over the body. Then it produces generalised stiffness, convulsions, numbness, swelling and pain.

31/2-34/1. Effects of Association of Vitiated Vāta With The Other Doṣas.

स्थानेष्वक्तेषु संमिश्रः संमिश्राः कुरुते रुजः ॥३१॥
कुर्यादवयवप्राप्तो मारुतस्त्वमितान् गदान् ॥
दाहसंतापमूर्च्छाः स्युर्वायौ पित्तसमन्विते ॥३२॥
शैत्यशोफगुरुत्वानि तस्मिन्नेव कफावृते ॥
सूचीभिरिव निस्तोदः स्पर्शद्वेषः प्रसुप्तता ॥३३॥
शेषाः पित्तविकाराः स्युर्मारुते शोणितान्विते ॥

When the vitiated *vāyu* situated in the above mentioned regions gets associated with (*pitta* etc.), it produces mixed types (of afflictions); and when this *vāyu* reaches different organs, it produces different types of disorders in them.

Upon the association of *vāyu* with *pitta,* burning sensation, hyperpyrexia and unconsciousness are produced.

Upon its (*vāyu*) association with *kapha,* coldness, swelling and heaviness are produced.

Upon the association of *vāyu* with *śoṇita* pricking sensation by needles, hyperaesthesia, numbness and the remaining disorders of vitiated *pitta* are produced.

34/2-39. Effects of Masking of The Five Types of Vāta by Pitta and Kapha.

34/2, 35/1. Masking of Prāṇa Vāyu by Pitta and Kapha.

प्राणे पित्तावृते छर्दिर्दाहश्चैवोपजायते ॥३४॥
दौर्बल्यं सदनं तन्द्रा वैवर्ण्यं च कफावृते ॥

Upon masking of *prāṇa vāyu* by *pitta* vomiting and burning sensation are produced; and upon its masking by *kapha,* weakness, lethargy, drowsiness and discolouration are produced.

35/2, 36/1. Union of Udāna Vāyu, Pitta and Kapha.

उदाने पित्तसंयुक्ते मूर्च्छादाहभ्रमक्लमाः ॥३५॥
अस्वेदहर्षौ मन्दोऽग्निः शीतस्तम्भौ कफावृते ॥

Upon union of *udāna vāyu* with *pitta,* unconsciousness, burning sensation, giddiness and tiredness are produced; and upon its union with *kapha* anhidrosis, weak digestion, horripilation, feeling of coldness, and stiffness are produced.

36/2, 37/1. Union of Samāna Vāyu with Pitta and Kapha.

समाने पित्तसंयुक्ते स्वेददाहौष्ण्यमूर्च्छनम् ॥३६॥
कफाधिकं च विण्मूत्रं रामहर्षः कफावृते ॥

Upon union of *samāna vāyu* with *pitta,* perspiration, burning sensation, feeling of heat and unconsciousness are produced; and upon its union with *kapha* excessive mucus comes with urine and stools and horripilation takes place.

37/2, 38/1. Union of Apāna Vāyu with Pitta and Kapha.

अपाने पित्तसंयुक्ते दाहौष्ण्ये स्यादसृग्दरः ॥३७॥
अधःकायगुरुत्वं च तस्मिन्नेव कफावृते ॥

Upon union of *apāna vāyu* with *pitta* burning sensation, heat and menorrhagia and metrorrhagia are produced and upon masking by *kapha* heaviness in the lower half of the body is produced.

38/2, 39. Masking of Vyāna Vāyu by Pitta and Kapha.

व्याने पित्तावृते दाहो गात्रविक्षेपणं क्लमः ॥३८॥
गुरूणि सर्वगात्राणि स्तम्भनं चास्थिपर्वणाम् ॥
लिङ्गं कफावृते व्याने चेष्टास्तम्भस्तथैव च ॥३९॥

Upon masking of *vyāna vāyu* by *pitta,* burning sensation, convulsiosn of limbs and tiredness are produced; and upon its masking by *kapha* symptoms of heaviness all over the body, stiffness in the bones and joints, and also cessation of all voluntary movements are produced.

40, 41. Aetiology of Vāta-Rakta (Gout)[1]

(प्रायशः सुकुमाराणां मिथ्याऽऽहारविहारिणाम् ॥
रोगाध्वप्रमदामद्यव्यायामैश्चातिपीडनात् ॥४०॥
ऋतुसात्म्यविपर्यासात् स्नेहादीनां च विभ्रमात् ॥
अव्यवाये तथा स्थूले वातरक्तं प्रकुप्यति) ॥४१॥

Vāta-rakta (gout)[1] occurs usually in the persons with delicate constitution and in the obese who take faulty diet or who lead a faulty life, who suffer from excessive sickness or fatigue due to excessive walking and excessive indulgence in wine, women and exercise, in those who lead a life opposite to that indicated according to seasons, who get defective oleation treatment etc.[2] and in those who abstain from sexual intercourse.

42-44. Vitiation and Domination of Rakta by Vāta (Vāta-Rakta), Pitta and Kapha.

हस्त्यश्वोष्ट्रैर्गच्छतोऽन्यैश्च वायुः कोपं यातः कारणैः सेवितैः स्वैः ॥
तीक्ष्णोष्णाम्लक्षारशाकादिभोज्यैः संतापाद्यैर्भूयसा सेवितैश्च ॥४२॥
क्षिप्रं रक्तं दुष्टिमायाति तच्च वायोर्मार्गं संरुणद्ध्याशु यातः ॥
क्रुद्धोऽत्यर्थं मार्गरोधात् स वायुरत्युद्रिक्तं दूषयेद्रक्तमाशु ॥४३॥
तत् संपृक्तं वायुना दूषितेन तत्प्राबल्यादुच्यते वातरक्तम् ॥
तद्वत् पित्तं दूषितेनासृजाऽक्तं श्लेष्मादुष्टो दूषितेनासृजाऽक्तः ॥४४॥

1. *Apte p.* 501/1

2. *Pancakarma.*

It is called *vāta-rakta* because of its (blood's) saturation with *vāta* and its predominance by the same; similarly the blood vitiated by *pitta* and the blood vitiated by *kapha* should also be known.

Vāyu gets vitiated due to riding on an elephant, horse or camel, by the use of its (*vāyu*) other causative factors, by the use of bitter, hot, acidic, alkaline, vegetable and other eatables, and by repeated exposure to heat.[1] The *rakta* becomes vitiated soon and it then obstructs the pathway of *vāyu* immediately. That *vāyu* due to obstruction in its pathway becomes more aggravated and further vitiates the already vitated blood at the same time.

45, 46. Pedal Symptoms produced by the Doṣas uniting with Rakta.

स्पर्शोद्विग्नौ तोदभेदप्रशोषस्वापोपेतौ वातरक्तेन पादौ ॥
पित्तासृग्भ्यामुग्रदाहौ भवेतामत्यर्थोष्णौ रक्तशोफौ मृदू च ॥४५॥
कण्डूमन्तौ श्वेतशीतौ सशोफौ पीनस्तब्धौ श्लेष्मदुष्टे तु रक्ते ॥
सर्वैर्दुष्टे शोणिते चापि दोषाः स्वं स्वं रूपं पादयोर्दर्शयन्ति ॥४६॥

Due to *vāta-rakta*, hyperaesthesia, pins and needles, tearing pain, dryness and numbness in the feet are produced.

Due to association of *pitta* and *rakta* acute burning pain and very hot and red swelling occurs which is soft also.

Combination of the vitiated *śleṣmā* with *rakta* produces itching, palor, coldness, swelling, thickened and firm (feet).

Upon vitiation of all the *doṣas* together along with *rakta*, each of them manifests its own features in the feet.

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1. *Exposure to sun etc.*

47. Prodromal Features of Vāta-Rakta.

प्राग्रूपे शिथिलौ स्विन्नौ शीतलौ सविपर्ययौ ।।
वैवर्ण्यतोदसुप्तत्वगुरुत्वौषसमन्वितौ ।।४७।।

The prodromal features are slackness, perspiration, and coldness or the reverse of all these, in association with discolouration, pins and needles, numbness, heaviness and burning sensation (in the feet).

48. Spread of Vāta-Rakta.

पादयोर्मूलमास्थाय कदाचिद्धस्तयोरपि ।।
आखोर्विषमिव क्रुद्धं तद्देहमनुसर्पति ।।४८।।

This disease spreads all over the body like a virulent rat poison beginning from the sole of the feet or sometimes from the hands.

49, 50/1. Prognosis of Vāta-Rakta.

आजानुस्फुटितं यच्च प्रभिन्नं प्रस्रुतं च यत् ।।
उपद्रवैश्च यज्जुष्टं प्राणमांसक्षयादिभिः ।।४९।।
शोणितं तदसाध्यं स्याद्याप्यं संवत्सरोत्थितम् ।।

That *vāta-rakta* in which exfoliation occurs upto knee, and also which cracks and in which discharge occurs, and which is associated with the complications of loss of vitality and flesh is incurable; that which is of one year's duration should be considered relievable only.

50/2, 51. Ākṣepaka (Convulsions)

यदा तु धमनीः सर्वाः कुपितोऽभ्येति मारुतः ।।५०।।
तदाक्षिपत्याशु मुहुर्मुहुर्देहं मुहुश्चरः ।।
मुहुर्मुहुस्तदाक्षेपादाक्षेपक इति स्मृतः ।।५१।।

When all the arteries become affected by the vitiated *vāyu*, it often results in quick and repeated convulsions

throughout the body; because of the repeated convulsions, it is known as *ākṣepaka*.

52/1. Apatānaka (Repeated Convulsions).

सोऽपतानकसंज्ञो यः पातयत्यन्तराऽन्तरा ।।

That (disease) is called *apatānaka* in which (the convulsions) occur at repeated intervals.

52/2, 53/1. Daṇḍāpatānaka (Orthotonos)

कफान्वितो भृशं वायुस्तास्वेव यदि तिष्ठति ।।५२।।
स दण्डवत् स्तम्भयति कृच्छ्रो दण्डापतानकः ।।

If the *vāyu* mixed intimately with *kapha* gets fixed in those (vessels) the patient becomes stiff like a pole; the disease is called *daṇḍāpatānaka* and is curable with difficulty.

53/2. Hanugraha (Trismus).

हनुग्रहस्तदाऽत्यर्थं सोऽन्नं कृच्छ्रान्निषेवते ।।५३।।

Then serious lock jaw takes place and therefore food is taken with difficulty.

54-57/1. Dhanustambha (Emprosthotonos and Opisthotonos).

धनुस्तुल्यं नमेद्यस्तु स धनुःस्तम्भसंज्ञकः ।।
अङ्गुलीगुल्फजठरहृद्वक्षोगलसंश्रितः ।।५४।।
स्नायुप्रतानमनिलो यदाऽऽक्षिपति वेगवान् ।।
विष्टब्धाक्षः स्तब्धहनुर्भग्नपार्श्वः कफं वमन् ।।५५।।
अभ्यन्तरं धनुरिव यदा नमति मानवः ।।
तदाऽस्याभ्यन्तरायामं कुरुते मारुतो बली ।।५६।।
बाह्यस्नायुप्रतानस्थो बाह्यायामं करोति च ।।

That in which the patient is bent like a bow is called *dhanuhstambha*.

Two Types of Dhanustambha : (Ābhyantarāyāma and Bāhyāyāma)

When the powerfully vitiated *vāyu* situated in the toes, ankle, abdomen, heart, chest and neck causes spasm of their ligaments leading to fixed eyes, lock jaw, fractures in the sides and vomiting of mucus and bending the patient (ventrally) like a bow, the (disease) is called *ābhyantarāyāma* (emprosthotonos).

When situated in the external ligaments (of the structures mentioned above), it causes *bāhyāyāma* (opisthotonos).[1]

57/2. Prognosis of Dhanuhstambha.[2]

तमसाध्यं बुधाः प्राहुर्वक्षःकट्यूरुभञ्जनम् ॥५७॥

That (*dhanuhstambha*) is called incurable by the wise in which fractures of chest, lumber spine and thigh occur.

58. Aetiology of Āksepaka.[3]

कफपित्तान्वितो वायुर्वायुरेव च केवलः ॥
कुर्यादाक्षेपकं त्वन्यं चतुर्थमभिघातजम् ॥५८॥

Vāyu in association with *kapha* or *pitta* or *vāyu* alone causes *āksepaka;* the fourth variety is traumatic in origin.

59. The Incurable Apatānakas.[4]

गर्भपातनिमित्तश्च शोणितातिस्रवाच्च यः ॥
अभिघातनिमित्तश्च न सिध्यत्यपतानकः ॥५९॥

That *apatānaka* is incurable with is caused by abortion, excessive bleeding or trauma.

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1. *Bending dorsally.*
2. *S. S.* II. 1. 54/1 *to* 57/1.
3. *S. S.* II. 1. 50/2 *to* 51.
4. *S. S.* II. 1. 52/1.

60-63. Pakṣāghāta (Hemiplegia)

अधोगमाः सतिर्यग्गा धमनीरूर्ध्वदेहगाः ॥
यदा प्रकुपितोऽत्यर्थमातरिश्वा प्रपद्यते ॥६०॥
तदाऽन्यतरपक्षस्य सन्धिबन्धान् विमोक्षयन् ॥
हन्ति पक्षं तमाहुर्हि पक्षाघातं भिषग्वराः ॥६१॥
यस्य कृत्स्नं शरीरार्धमकर्मण्यमचेतनम् ॥
ततः पतत्यसून् वाऽपि त्यजत्यनिलपीडितः ॥६२॥
शुद्धवातहतं पक्षं कृच्छ्रसाध्यतमं विदुः ॥
साध्यमन्येन संसृष्टमसाध्यं क्षयहेतुकम् ॥६३॥

When the excessively vitiated *vāyu* diffuses into the arteries going downwards, obliquely and upwards in the body, it loosens the supports of the joints on either side of the body, and causes paralysis of that same side; this is called hemiplegia by the best among the physicians.

The patient afflicted by the vitiated *vāyu,* half of whose body gets paralysed or has sensory loss (suddenly) falls down or even leaves (this world).

Hemiplegia caused by *vāyu* only is known to be curable with difficulty; when (it is caused by (*vāyu*) in association with others (*pitta* and *kapha*) it is curable; and it is incurable if it is due to the wasting (of *dhātus*).

64-66. Apatantraka (Convulsive fit).

वायुरूर्ध्वं व्रजेत् स्थानात् कुपितो हृदयं शिरः ॥
शङ्खौ च पीडयत्यङ्गान्याक्षिपन्नमयेच्च सः ॥६४॥
निमीलिताक्षो निश्चेष्टः स्तब्धाक्षो वाऽपि कूजति ॥
निरुच्छ्वासोऽथवा कृच्छ्रादुच्छ्वस्यान्नष्टचेतनः ॥६५॥
स्वस्थः स्याद्धृदये मुक्ते ह्यावृते तु प्रमुह्यति ॥
कफान्वितेन वातेन ज्ञेय एषोऽपतन्त्रकः ॥६६॥

The vitiated *vāyu* having gone upwards from its normal location produces pain in the heart, head and temples and produces convulsions and bending of the limbs; the eyes are closed and fixed, the person becomes listless and makes inarticulate sounds, is apnoec or has respiration with difficulty and looses his consciousness; normalcy is restored when the heart gets freed, and upon reversal unconsciousness sets in again; this is called *apatantraka* and is produced when the *kapha* gets mixed up with *vāta*.

67. Manyāstambha (Wry neck, Torticollis)

दिवास्वप्नासनस्थानविवृताध्वनिरीक्षणैः ॥
मन्यास्तम्भं प्रकुरुते स एव श्लेष्मणाऽऽवृतः॥६७॥

Sleeping by day, unsuitable sitting and standing postures, and looking up obliquely produce *manyāstambha*; the same is due to mixing up of *kapha* with *vāyu*.

68-73. Ardita (Facial-Paralysis).

(गर्भिणीसूतिकाबालवृद्धक्षीणेष्वसृक्क्षये ।
उच्चैर्व्याहरतोऽत्यर्थं खादतः कठिनानि वा ॥
हसतो जृम्भतो भाराद्विषमाच्छयनादपि ॥६८॥
शिरोनासौष्ठचिबुकललाटेक्षणसन्धिगः ॥
अर्दयित्वाऽनिलो वक्त्रमर्दितं जनयत्यतः ॥६९॥
वक्रीभवति वक्त्रार्धं ग्रीवा चाप्यपवर्तते ॥
शिरश्चलति वाक्सङ्गो नेत्रादीनां च वैकृतम् ॥७०॥
ग्रीवाचिबुकदन्तानां तस्मिन् पार्श्वे तु वेदना ॥
यस्याग्रजो रोमहर्षो वेपथुर्नेत्रमाविलम् ॥७१॥
वायुरूर्ध्वं त्वचि स्वापस्तोदो मन्याहनुग्रहः ॥
तमर्दितमिति प्राहुर्व्याधिं व्याधिविशारदाः ॥७२॥
क्षीणस्यानिमिषाक्षस्य प्रसक्ताव्यक्तभाषिणः ॥
न सिध्यत्यर्दितं बाढं त्रिवर्षं वेपनस्य च ॥७३॥

In the pregnant women, in puerperium, in the young and the old, in the emaciated and in those who have lost blood; due to shouting excessively loudly or biting hard substances and also due to (excessive) laughter, yawning, carrying heavy loads and due to sleeping on uneven bed, the vitiated *vāyu* having reached the joints of head, nose, lips, chin, forehead and the eyes afflicts the face and produces facial paralysis.

Symptoms of Ardita

Half of the face becomes twisted and the neck also rotates; there is instability of the head, aphasia, and deformity in the eyes etc; and there is pain in the sides of the neck, chin and teeth.

Prodromal Symptoms

Its prodromal symptoms are horripilation, tremors, and muddy eyes; and the vitiated *vāyu* having gone upwards produces numbness of the skin locally as well as pins and needles in the skin and torticollis and lockjaw; this is called *ardita* disease by the specialists.

Prognosis of Ardita

Ardita of the emaciated, of the one having fixed eyes and of one whose speech is continuously inarticulate, is not curable; as also when it is advanced, is of three years duration or when it is associated with tremors.

74. Gṛdhrasī (Sciatica).

पार्ष्णिप्रत्यङ्गुलीनां तु कण्डरा याऽनिलार्दिता ॥
सक्थ्नः क्षेपं निगृह्णीयाद्गृध्रसीति हि सा स्मृता ॥७४॥

When the ligaments from the heel upto all the toes are afflicted by the vitiatied *vāyu*, movements of the lower extremity get restricted; that is known as *gṛdhrasī*.

75. Viśvācī (Brachial Neuralgia)

तलप्रत्यङ्गुलीनां तु कण्डरा बाहुपृष्ठतः ॥
बाह्वोः कर्मक्षयकरी विश्वाचीति हि सा स्मृता ॥७५॥

When the ligaments of the palm including the fingers as well as those of the dorsal aspect of upper extremity (are afflicted by the vitiated *vāta*) movements of the upper extemity get restricted; that is known as *viśvācī*.

76. Kroṣṭukaśīrṣa (Synovitis of Knee with Effusion)

वातशोणितजः शोफो जानुमध्ये महारुजः ॥
शिरः क्रोष्टुकपूर्वं तु स्थूलः क्रोष्टुकमूर्धवत् ॥७६॥

Excessively painful and big swelling in the knee like the head of jackal due to the vitiated *vāta* and *śoṇita* is called *kroṣṭukaśīrṣa*.[1]

77. Lame and Cripple.

वायुः कटयां स्थितः सक्थ्नः कण्डरामाक्षिपेद्यदा ॥
खञ्जस्तदा भवेज्जन्तुः, पङ्गुः सक्थ्नोर्द्वयोर्वधात् ॥७७॥

When the vitiated *vāyu* situated in the lumbar region afflicts the ligaments of the lower extremity, it is called *khañja* (lame) in the living beings; and when it cripples both the lower extremities it is known as *paṅgu* (Cripple).

78. Kalāyakhanja (Khesari Palsy, Lathyrism)

प्रक्रामन् वेपते यस्तु खञ्जन्निव च गच्छति ॥
कलायखञ्जं तं विद्यान्मुक्तसन्धिप्रबन्धनम् ॥७८॥

When there is trembling in taking the first few steps,

1. *The word literally means "head of a jackal". Massive effusion in the knee joint fills up the suprapatellar and infrapatellar pouches with patella perched up in the middle, the whole swelling looking like the head of a jackal (kroṣṭukaśīrṣa).*

limping and when organisation of the joint gets loose, it is known as *kalāyakhanja*.[1]

79. Vāta-Kanṭaka (Heel pain).

न्यस्ते तु विषमं(मे) पादे रुजः कुर्यात् समीरणः ।।
वातकण्टक इत्येष विज्ञेयः खडुकाश्रितः ।।७९।।

Walking on uneven ground causes pain in the heel due to the *vāta* situated in the heels; that is known as *vāta kanṭaka.*

80. Pādadāha (Burning Feet Syndrome)

पादयोः कुरुते दाहं पित्तासृक्सहितोऽनिलः ।।
विशेषतश्चङ्क्रमणात् पाददाहं तमादिशेत् ।।८०।।

When burning is caused in both the feet, specially on walking, due to the vitiated *vāta* alongwith *pitta* and *rakta*, that is known as *pādadāha.*

81. Pādaharṣa (Peripheral neuritis of the feet)

हृष्यतश्चरणौ यस्य भवतश्च प्रसुप्तवत् ।।
पादहर्षः स विज्ञेयः कफवातप्रकोपजः ।।८१।।

When there is tingling and numbness in the feet due to the vitiated *vāta* alongwith *kapha*, that is known as *pādaharṣa.*

82. Avabāhuka (Wasting of shoulder joint).

अंसदेशस्थितो वायुः शोषयित्वांऽसबन्धनम् ।।
सिराश्चाकुञ्च्य तत्रस्थो जनयत्यवबाहुकम् ।।८२।।

The vitiated *vāyu* situated in the shoulder region causes wasting of the shoulder joint and it also causes the contraction of veins situated therein, thus producing *avabāhuka.*

83. Bādhirya (Deafness)

यदा शब्दवहं स्रोतो वायुरावृत्य तिष्ठति ।।
शुद्धः श्लेष्मान्वितो वाऽपि बाधिर्यं तेन जायते ।।८३।।

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1. *Kalāya—Khesari pulse.*

When *vāyu* alone or with *kapha* covers and gets located in the acoustic channels, it produces deafness.

84. Karṇaśūla (Earache, Otalgia).

हनुसङ्खशिरोग्रीवं यस्य भिन्दन्निवानिलः ॥
कर्णयोः कुरुते शूलं कर्णशूलं तदुच्यते ॥८४॥

When there is tearing sensation in the jaw, temple, head and neck and pain in both the ears due to the vitiated *vāyu*, it is called *karṇaśūla.*

85. Speech Disorders.

आवृत्य सकफो वायुर्धमनीः शब्दवाहिनीः ॥
नरान् करोत्यक्रियकान्मूकमिन्मिणगद्गदान् ॥८५॥

When the speech carrying channels get blocked up by the vitiated *vāyu* alongwith *kapha,* it disables the persons and produces aphasia, nasal twang and stammering.

86, 87. Tūnī (Bladder Pain) & Pratitūnī (Proctalgia)

अधो या वेदना याति वर्चोमूत्राशयोत्थिता ॥
भिन्दतीव गुदोपस्थं सा तूनीत्यभिधीयते ॥८६॥
गुदोपस्थोत्थिता सैव प्रतिलोमविसर्पिणी ॥
वेगैः पक्वाशयं याति प्रतितूनीति सा स्मृताः ॥८७॥

When the pain arising from the rectum and urinary bladder travels down and produces tearing sensation in the anus and the genitals that, is known as *tūnī.*

The same (pain), when arises from the anus and the genitals and travels in the opposite direction reaching the colon forcefully, is known as *pratitūnī.*

88. Ādhmāna (Tympanitis, Meteorism).

साटोपमत्युग्ररुजमाध्मातमुदरं भृशम् ॥
आध्मानमिति जानीयाद्घोरं वातनिरोधजम् ॥८८॥

Very severe pain accompanied by borborygmi and excessive distension of abdomen is produced due to severe obstruction of *vāta* and is known as *ādhmāna*.

89. Prātyadhmāna (Acute Gastric Dilatation).

विमुक्तपार्श्वहृदयं तदेवामाशयोत्थितम् ॥
प्रत्याध्मानं विजानीयात् कफव्याकुलितानिलम् ॥८९॥

When the sides and the precordium are free and (distension) originates from the stomach due to the vitiated *vāta* with *kapha*, it is known as *pratyādhmāna*.

90. Vātaṣṭhīlā (Benign Prostatic Enlargement).

अष्ठीलावद्धनं ग्रन्थिमूर्ध्वमायतमुन्नतम् ॥
वाताष्ठीलां विजानीयादबहिर्मार्गविरोधिनीम् ॥९०॥

The gland which is organised like round stone, which enlarges upwards and is bulging and which causes obstruction to the external passages, is known as *vātaṣṭhīlā*.

91. Pratyaṣṭhīlā (Malignant Prostatic Enlargement)

एनामेव रुजायुक्तां वातविण्मूत्ररोधिनीम् ॥
प्रत्यष्ठीलामिति वदेज्जठरे तिर्यगुत्थिताम् ॥९१॥

The same, when associated with pain causes obstruction to the flatus, faeces and urine, is known as *pratyaṣṭhīā* and it grows obliquely towards the abdomen.

इति सुश्रुतसंहितायां निदानस्थाने वातव्याधिनिदानं
नाम प्रथमोऽध्यायः ॥१॥

Thus ends the first chapter entitled 'Diagnosis of *Vātika* Diseases' of the *Nidāna-sthāna* of *Suśruta Saṁhitā*.

S. S. II. 1

SUGGESTED RESEARCH PROBLEMS

1. Historical and comparative study should be undertaken to find out if the concept of *vāta* (normal and vitiated) is found in other ancient systems of medicne, and if so, then in what way.

2. Attempts could be made to identify the five types of *vātas* (11—20).

3. The different diseases and syndromes due to vitiated *vāta* alone or in association with other *doṣas*, as described in this chapter should be clinically studied and specified (40—91). A common factor in all these diseases etc. which might reflect on the nature and concept of *vāta* might thus be found out.

4. It should be found out in the books of history of medicine about the earliest mention of various diseases and syndromes given in this chapter; wherever applicable, importance of *Susruta's* writings should be given due recognition.

निदान स्थानम्
द्वितीयोऽध्यायः

अर्शसां निदानम्

Diagnosis of Piles

CHAPTER TWO
NIDĀNA STHĀNA

S. S. II. 2.

SUMMARY

1. This chapter deals with the diagnosis of anal piles and of the pile like masses in other parts of the body.

2. Anal piles could be of six types (3). Their aetiology and pathogenesis (4) has been given. Anatomical considerations (5—7) of anus, anal lips, and of the three sphincters have been described. The prodromal and other clinical features (8, 9) of piles in general have been enumerated.

Gross appearance, clinical features and the associated findings in each of the six types of piles have been described (10—15).

Prognosis of piles depending upon their extent (17) and upon other factors as well (23, 24) has been considered.

3. Aetiology, pathogenesis, clinical and other associated features of pile like fleshy excrescences or buds in other parts of the body (male and female genitalia, umbilical region, ears, eyes, nose and mouth) have been given (17).

4. *Carmakīla* (warts) have been specially described and some serious complications mentioned (25, 27).

द्वितीयोऽध्यायः

Chapter Two

1. अथातोऽर्शसां निदानं व्याख्यास्यामः ॥१॥

Now we would expound upon "The Diagnosis of Piles".[1]

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*.

3. Types of Piles.

षडर्शांसि भवन्ति वातपित्तकफशोणितसन्निपातैः सहजानि चेति ॥३॥

Piles are of six types—due to *vāta*, *pitta*, *kapha*, *śonita*[2] and due to all the *doṣas* together and the hereditary ones.

4. Aetiology and Pathogenesis of Piles.

तत्रानात्मवतां यथोक्तैः प्रकोपणैर्विरुद्धाध्यशनस्त्रीप्रसङ्गोत्कटुकासनपृष्ठयानवेगविधारणादिभिर्विशेषैःप्रकुपिता दोषा एकशो द्विशः समस्ताः शोणितसहिता वा यथोक्तं प्रसृताः प्रधानधमनीरनुप्रपद्याधो गत्वा गुदमागम्य प्रदूष्य गुदवलीर्मांसप्ररोहाञ्जनयन्ति विशेषतो मन्दाग्नेः, तथा तृणकाष्ठोपललोष्ठवस्त्रादिभिः शीतोदकसंस्पर्शनाद्वा कन्दाः परिवृद्धिमासादयन्तिः, तान्यर्शांसीत्याचक्षते ॥४॥

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1. *The management of these diseases has been discussed in S. S. IV.* 6.

2. *Śoṇita had not been mentioned as causative agent in many diseases, but one of the few where it has been incriminated is piles.*

Now, the various causes as described earlier which excite the *doṣas* in those who are not self-possessed and in those who take contradictory foods, eat again before the last meal has been digested, do (excessive) sexual intercourse, (in those who are accustomed to) squatting posture, ride on the back of an ânimal and inhibit the natural evacuatory reflexes etc., aggravate one, two or all the *doṣas* with or without the involvement of *śoṇita*.

As described earlier, the *doṣas* spread, having entered the main artery, go down and having reached the rectum afflict its walls and produce fleshy excrescences specially in the dyspeptic. And by coming into contact with straw, wood, stone, lump (of clay) and clothings etc. or with cold water, the swellings grow in size alround; and these are known as piles.

5-7. Anatomical Considerations.

तत्र स्थूलान्त्रप्रतिबद्धमर्धपञ्चाङ्गुलं गुदमाहुः, तस्मिन् वलयस्तिस्रोऽध्यर्धाङ्गुलान्तरसंभूताः प्रवाहणी विसर्जनी संवरणी चेति चतुरङ्गुलायताः, सर्वास्तिर्यगेकाङ्गुलोच्छ्रिताः ॥५॥

शङ्खावर्तनिभाश्चापि उपर्युपरि संस्थिताः ॥
गजतालुनिभाश्चापि वर्णतः संप्रकीर्तिताः ।
रोमान्तेभ्यो यवाध्यर्धो गुदौष्ठः परिकीर्तितः ॥६॥
प्रथमा तु गुदौष्ठादङ्गुलमात्रे ॥७॥

Now the portion just distal to the large bowel for four and a half fingers is known as the anus. There are three sphincters at intervals of one and a half fingers each, known as *pravāhinī*, *visarjanī*, and *saṁvarṇī* and are four fingers in diameter. All of them project obliquely for one finger.

And also they are spiral like a conch and are situated one above the other. They have also been described to be of the colour of the palate of an elephant. The anal lips have been

described to be one and a half *yava* (barley) from the end of the hair-line.

Thus the first sphincter is one figner above the anal lips.[1]

8, 9. Clinical Features.

तेषां तु भविष्यतां पूर्वरूपाणि—अन्नेऽश्रद्धा कृच्छात् पक्तिरम्लीका परिदाहो विष्टम्भः पिपासा सक्थिसदनमाटोपः कार्श्यमुद्गारबाहुल्यमक्ष्णोः श्वयथुरन्त्रकूजनं गुदपरिकर्तनमाशङ्का पाण्डुरोगग्रहणीदोषशोषाणां कासश्वासौ बलहानिर्भ्रमस्तन्द्रा निद्रेन्द्रियदौर्बल्यं च ॥८॥

जातेष्वेतान्येव लक्षणानि प्रव्यक्ततराणि भवन्ति ॥९॥

These would be their prodromal features-dislike for food, difficulty in digestion, sour eructations, burning pain, fullness of abdomen, thirst, tiredness in the legs, meteorism, emaciation, excessive belching, swelling of the eyes, borborygmi, feeling of cutting pain around the anus, suspicion of anaemia, sprue and consumption, cough, asthma, loss of strength, disorientation, drowsiness, sleepiness, and diminished perception of senses.

When (piles) are produced, these very symptoms become evidently manifest.

10. The Vātika Piles

तत्र मारुतात् परिशुष्कारुणविवर्णानि विषममध्यानि कदम्बपुष्पतुण्डिकेरीनाडीमुकुलसूचीमुखाकृतीनि च भवन्ति, तैरुपद्रुतः सशूलं संहतमुपवेश्यते, कटीपृष्ठपार्श्वमेढ्रगुदनाभिप्रदेशेषु चास्य वेदना भवन्ति, गुल्माष्ठीलाप्लीहोदराणि चास्य तन्निमित्तान्येव भवन्ति, कृष्णत्वङ्नखनयनदशनवदनमूत्रपुरीषश्च पुरुषो भवति ॥१०॥

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1. *According to this description anus extends down to the hair line. The measurements seem to be as follows: starting from the hairline, anal lip is one and a half 'yava' which is about ½ finger in extent. The last sphincter extends upto one finger above the anal lip, second and first being further one and half fingers above each, thus making a total of four fingers and a half from the anal margin.*

Now, the *vātika* (piles) are dry, reddish or discoloured, irregular in the centre, are like the flowers of *kadamba* or of the wild cotton plant, are tubular, bud like or are like the point of a needle in appearance. One afflicted by these (piles) defecates painfully and also has pain in the waist, back, sides, penis, rectum and in the umbilical region; abdominal swelling, prostatic and splenic enlargements are produced due to them and the patient's skin, nails, eyes, teeth, face, urine and stool become blackish.

11. The Paittika Piles.

पित्तान्नीलाग्राणि तनूनि विसर्पीणि पीतावभासानि यकृत्प्रकाशानि शुकजिह्वासंस्थानानि यवमध्यानि जलौकोवक्त्रसदृशानि प्रक्लिन्नानि च भवन्ति, तैरुपद्रुतः सदाहं सरुधिरमतिसार्यते, ज्वरदाहपिपासामूर्च्छाश्चास्योपद्रवा भवन्ति, पीतत्वङ्नखनयनदशनवदनमूत्रपुरीषश्च पुरुषो भवति ॥११॥

The piles caused by (vitiated) *pitta* are blue in their presenting part and are slender, mobile, pale to look at and shine like liver; their shape is like that of a parrots tongue; they are barley (spindle) shaped in the middle, are similar to the mouth of a leech and are moist.

One afflicted by them passes loose motions with blood accompanied with burning sensation. Fever, burning sansation, thirst, and fainting are its complications; and the patient's skin, nails, eyes, teeth, face, urine and stool become yellow.

12. The Slesmika Piles.

श्लेष्मजानि श्वेतानि महामूलानि स्थिराणि वृत्तानि स्निग्धानि पाण्डूनि करीरपनसास्थिगोस्तनाकाराणि, न भिद्यन्ते न स्रवन्ति कण्डूबहुलानि च भवन्ति, तैरुपद्रुतः संश्लेष्माणमनल्पं मांसधावनप्रकाशमतिसार्यते, शोफशीतज्वरारोचकाविपाकशिरोगौरवाणि चास्य तन्निमित्तान्येव भवन्ति, शुक्लत्वङ्नखनयनदशनवदनमूत्रपुरीषश्च पुरुषो भवति ॥१२॥

The piles produced by (vitiated) *śleṣma* are whitish, broad based, fixed, rounded, smooth and yellowish-white; they are like *karīra*[1] sprout or the kernel of a *panasa* fruit[2] or are like the teat of a cow. They neither burst nor discharge but cause excessive itching.

One afflicted by them passes copious mucus in their motions which are frequent and look like the washings of meat. Oedema, fever with rigor, dislike for food, indigestion and feeling of heaviness in the head occur due to these; and the patient's skin, nails, eyes, teeth, face, urine and stool become white.

13. Raktaja Piles.

रक्तजानि न्यग्रोधप्ररोहविद्रुमकाकणन्तिकाफलसदृशानि पित्तलक्षणानि च, यदाऽवगाढपुरीषपीडितानि भवन्ति तदाऽत्यर्थं दुष्टमनल्पमसृक् सहसा विसृजन्ति, तस्य चातिप्रवृत्तौ शोणितातियोगोपद्रवा भवन्ति ॥१३॥

Raktaja piles are like the sprouts of a banyan tree or are like coral or like the fruit of *kākaṇantikā* and their clinical features resemble those of *paittika* piles. When they are pressed by the hard stools, excessively vitiated and copious amount of blood is suddenly passed; and complications pertaining to excessive bleeding set in if this continues for long.

14. Sannipātaja (mixed) Piles.

सन्निपातजानि सर्वदोषलक्षणयुक्तानि ॥१४॥

The piles due to vitiation of all the *doṣas* together are associated with the clinical features of (piles produced by) all the *doṣas*.

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1. *Bamboo sprout.*
2. *Jack fruit.*

15. Hereditary Piles.

सहजानि दुष्टशोणितशुक्रनिमित्तानि, तेषां दोषत एव प्रसाधनं कर्तव्यं, विशेषतश्चैतानि दुर्दर्शनानि परुषाणि पांसूनि दारुणान्यन्तर्मुखानि, तैरुपद्रुतः कृशोऽल्पभुक् सिरासन्ततगात्रोऽल्पप्रजः क्षीणरेताः क्षामस्वरः क्रोधनोऽल्पाग्निप्राणः परमलसश्च, तथा घ्राणशिरोऽक्षिनासाश्रवणरागी, सततमन्त्रकूजाटोपहृदयोपलेपारोचकप्रभृतिभिः पीड्यते ॥१५॥

The hereditary piles are due to the vitiation of sperm and ovum; they should also be treated according to the *doṣa* involved. Moreover, these are seen with difficulty, are rough, greyish, extremely painful and have their mouth pointing internally. One suffering from these is thin, eats less, has prominent veins over the entire body, has only a few offsprings, oligospermia, feeble voice, irritability, weak digestion and vitality and excessive lethargy; he usually suffers from olfactory diseases and diseases of the head, eyes, nose and ear. The patient always suffers from borborygmi, meteorism, feeling of heaviness in the heart and has no relish for food etc.

16. Prognosis (Based on the Extent of Piles).

भवति चात्र—

बाह्यमध्यवलिस्थानां प्रतिकुर्याद्भिषग्वरः ।
अन्तर्वलिसमुत्थानां प्रत्याख्यायाचरेत् क्रियाम् ॥१६॥

The (following verse) has been quoted in this context :

The piles situated in the regions of lower and middle sphincters should be treated by the good doctor; whereas, those situated in the region of upper sphincter should be managed after giving due warning of their bad prognosis.

17. Pile like Fleshy Excrescences at Other Parts of the Body (Male and Female Genitalia, Umbilical Region, Mouth, Nose etc.).

प्रकुपितास्तु दोषा मेढ्रमभिप्रपन्ना मांसशोणिते प्रदूष्य कण्डूं जनयन्ति, ततः कण्डूयनात् क्षतं समुपजायते, तस्मिंश्च क्षते दुष्टमांसजाः प्ररोहाः पिच्छिलरुधिरस्राविणो जायन्ते कूर्चकिनोऽभ्यन्तरमुपरिष्टाद्वा, ते तु शेफो विनाशयन्त्युपघ्नन्ति च पुंस्त्वं, योनिमभिप्रपन्नाः सुकुमारान् दुर्गन्धान् पिच्छिलरुधिरस्राविणश्छत्राकारान् करीराञ्जनयन्ति, ते तु योनिमुपघ्नन्त्यार्तवं च, नाभिमभिप्रपन्नाः सुकुमारान् दुर्गन्धान् पिच्छिलान् गण्डूपदमुखसदृशान् करीराञ्जनयन्ति, त एवोर्ध्वमागताः श्रोत्राक्षिघ्राणवदनेष्वर्शास्युपनिर्वर्तयन्ति, तत्र कर्णजेषु बाधिर्यं शूलं पूतिकर्णता च, नेत्रजेषु वर्त्मावरोधो वेदना स्रावो दर्शननाशश्च, घ्राणजेषु प्रतिश्यायोऽतिमात्रं क्षवथुः कृच्छ्रोच्छ्वासता पूतिनस्यं सानुनासिकवाक्यत्वं शिरोदुःखं च, वक्त्रजेषु कण्ठौष्ठतालूनामन्यतमस्मिंस्तैर्गद्गदवाक्यता रसाज्ञानं मुखरोगाश्च भवन्ति ॥१७॥

Now, the vitiated *doṣas* having reached the penis and having afflicted the muscles and blood produce itching. Then due to itching, ulcers are produced; and in those ulcers vitiated fleshy excrescences[1] with a sero-sanguinous discharge originate; they are like a broom and are situated inside or externally. They definitely damage the penis and destroy the potency also.

And the vitiated *doṣas* having reached the female genitals produce delicate, foul smelling,'and umbrella shaped buds[2] with a sero-sanguinous discharge. They definitely destroy the vagina as well as the menstruation.

And the vitiated *doṣas* having reached the umbilical

1, 2. *Veneral warts or new growths.*

region produce delicate, foul smelling, slimy buds similar to the mouth of earthworms.[1]

And those vitiated *doṣas* having spread upwards may produce pile like lesions in the ears, eyes, nose and mouth[2]. Now, in the ears it produces deafness, earache, and pus discharge; in the eyes it produces inability to open the eyelids, pain, discharge and blindness; in the nose it produces cold, excessive sneezing, difficulty in breathing, pus discharge from the nose, nasal twang in the speech and headache; and in the mouth it causes diseases of the lips, palate and of other parts, indistinct speech, loss of taste and other diseases of the oral cavity.

18-21 Warts.

व्यानस्तु प्रकुपितः श्लेष्माणं परिगृह्य बहिः स्थिराणि कीलवदर्शांसी निर्वर्तयति, तानि चर्मकीलान्यर्शांसीत्याचक्षते ॥१८॥

भवन्ति चात्र—

तेषु कीलेषु निरतोदो मारुतेनोपजायते ॥
श्लेष्मणा तु सवर्णत्वं ग्रन्थित्वं च विनिर्दिशेत् ॥१९॥
पित्तशोणितजं रौक्ष्यं कृष्णत्वं श्लक्ष्णता तथा ॥
समुदीर्णस्वरत्वं च चर्मकीलस्य लक्षणम् ॥२०॥
अर्शांसि लक्षणं व्यासादुक्तं सामान्यतस्तु यत् ॥
तत्सर्वं प्राग्विनिर्दिष्टात्साधयेद्भिषजां वरः ॥२१॥

The vitiated *vyāna vāyu* in association with *kapha* produces firm and nail shaped piles externally; they are known as *carmakīla* piles (warts).

The following verses have been quoted in this context :

In those warts pain is produced due to the *vāyu*; and it is said that the colour and nodularity are due to *ślesmā*.

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1. *Umbilical granuloma.*
2. *Polypi e. g. nasal polypus.*

Whereas *pitta* and *śoṇita* produce dryness, blackness, glossiness and excessive roughness over the entire surface of the *carmakīla*.

Thus, these are the clinical features of piles in general discoursed in detail. All these piles should be managed by a good doctor in the way described earlier.

22. Saṁsarga Piles (Mixed).

अर्शःसु दृश्यते रूपं यदा दोषद्वयस्य तु ॥
संसर्गं तं विजानीयात् संसर्गः स च षड्विधः ॥२२॥

When features of two *doṣas* are seen together in a pile, it should be known as a *saṁsarga* pile; and those *saṁarga* piles are of six types.

23, 24. Further Considerations on the Prognosis of Piles.

त्रिदोषाण्यल्पलिङ्गानि याप्यानि तु विनिर्दिशेत् ॥
द्वन्द्वजानि द्वितीयायां वलौ यान्याश्रितानि च ॥२३॥
कृच्छ्रसाध्यानि तान्याहुः परिसंवत्सराणि च ॥
सन्निपातसमुत्थानि सहजानि तु वर्जयेत् ॥२४॥

(Piles) produced by the three *doṣas* seperately as well as those having minor symptoms only, should be considered palliable. Those (piles) produced by a combination of two *doṣas* or those situated in the region of the middle sphincter and those of more than one year's duration have been said to be curable with difficulty. Those (piles) produced by all the *doṣas* together and the hereditary ones should be discarded (from treatment as incurable).

25, 26. The Serious Complications of Piles.

सर्वाः स्युर्वलयो येषां दुर्नामभिरुपद्रुताः ॥
तैस्तु प्रतिहतो वायुरपानः सन्निवर्तते ॥२५॥
ततो व्यानेन सङ्गम्य ज्योतिर्मृदगति देहिनाम् ॥२६॥

Those in whom all the sphincters are affected by the (notorious) piles, the *apāna vāyu* gets obstructed and it does not come out; then, in association with *vāyu* (*vyāna*) it weakens the metabolic fire[1] in the human being.

इति सुश्रुत संहितायां निदानस्थानेऽर्शोनिदानं नाम द्वितीयोऽध्यायः ॥२॥

Thus ends the second chapter entitled 'The Diagnosis of Piles' of *Nidāna-sthāna* of *Suśruta Saṁhitā.*

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1. *The word for metabolic fire used at other places has been agni. Here the word jyoti has been used in the sense of pañcātmaka agni, i.e. five fold metabolic fire..*

S. S. II. 2.

SUGGESTED RESEARCH PROBLEMS

I. HISTORICAL

Historical study should be done to find out the first available description of the following :

(1) Anal Piles (3—16).

(2) Anatomy of anus, anal lips, and of the three sphincters (5—7).

(3) Veneral warts on male and female genitalia (17).

(4) New growths on male and female genitalia (17).

(5) Umbilical granuloma (17).

(6) Polypus in nose, ears, eyes and elsewhere (17).

II. COMPARATIVE

(1) A comparative study of the descriptions of various types of piles (10-15) should be done.

(2) Similar study regarding the veneral warts and new growths of male and female genitalia, umbilical granuloma and nasal and other polypi could be carried out.

III. CLINICAL

A clinical and experimental study on the hereditary predisposition or occult congenital presence of piles could be done (15).

निदान स्थानम्
तृतीयोऽध्यायः

अश्मरीणां निदानम्

Diagnosis of Urinary Calculi

CHAPTER THREE
NIDĀNA STHĀNA

S. S, II. 3.

SUMMARY

This chapter deals with the formation and diagnostic considerations of urinary calculi, urinary gravel and seminal concretions.

Four types of urinary calculi have been described (3). Their aetiology (4) and premonitary symptoms (5, 6) have been given. Clinical features (7) of vesical calculi have been described with precision.

Pathogenesis, symptomatology and gross appearance of calculi corresponding to phosphate (8), uric acid and urate (9), oxalate stones (10) and seminal concretions (12) (termed *śleṣmika*, *paittika* and *vātika* stones and *śukrāṣmaris* respectively) have been described. First three occur usually in children and the last one forms in adults (11).

Pathogenesis, gross appearance, clinical features and complications of urinary gravel have been given (13 to 16/1).

Certain anatomical (18 to 20/1) and physiological (20/1 to 24/1) aspects of urinary bladder in relation to stones have been considered.

Āyurvedika concept of the mode of formation (24/2 to 27/1) of urinary calculi in general have been given. Effects on urinary bladder of normal *vāta* and when it becomes abnormal (27/2 to 28) have been considered.

तृतीयोऽध्यायः

Chapter Three

1. अथातोऽश्मरीणां निदानं व्याख्यास्यामः ॥१॥

Now we would expound upon" The Diagnosis of Urinary Calculi".[1]

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*.

3. Types of Urinary Calculi (Aśmarī).

चतस्त्रोऽश्मर्यो भवन्ति, श्लेष्माधिष्ठानाः, तद्यथा—श्लेष्मणा, वातेन, पित्तेन, शुक्रेण चेति ॥३॥

The urinary calculi are of four types. *Śleṣmā* is the basis of all.

They are as follows : those caused by *śleṣmā*, *vāta*, *pitta* and *śukra*.

4. Aetiology and Pathogenesis.

तत्रासंशोधनशीलस्यापथ्यकारिणः प्रकुपितः श्लेष्मा मूत्रसंपृक्तोनुप्रविश्य बस्तिमश्मरीं जनयति ॥४॥

Now, in those who do not observe proper cleansing procedures[2] and in those who are indiscrete regarding their

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1. *The management of these diseases has been discussed in S. S.* IV. 7.

2. *Emesis, purgation, enemata, errhines and blood-letting.*

dietary habits,[1] the *śleṣmā* gets aggravated and mixed with urine enters the urinary bladder and therein it produces calculi.

5,6. Premonitary Symptoms.

तासां पूर्वरूपाणि—ज्वरो बस्तिपीडारोचकौ मूत्रकृच्छ्रं बस्तिशिरोमुष्कशेफसां वेदना कृच्छ्रावसादो बस्तगन्धित्वं मूत्रस्येति ॥५॥

यथास्ववेदनावर्णं दुष्टं सान्द्रमथाविलम् ॥
पूर्वरूपेऽश्मनः कृच्छ्रान्मूत्रं सृजति मानवः ॥६॥

The premonitary symptoms of urinary calculi are fever, pain in the bladder region, dislike for food, dysuria, pain in the region of bladder neck, scrotum and penis, exhaustion due to pain and goat like smell in the urine.

During the prodromal stage of urinary calculi the patient passes urine with difficulty, which is viscid, turbid, and has characteristic pains and colours of the vitiated *doṣas*.

7. Clinical Features of Vesical Calculi.

अथ जातासु नाभिबस्तिसेवनीमेहनेष्वन्यतमस्मिन् मेहतो वेदना मूत्रधारासङ्गः सरुधिरमूत्रता मूत्रविकिरणं गोमेदकप्रकाशमत्याविलं ससिकतं विसृजति, धावनलंघनप्लवनपृष्ठयानोष्णाध्वगमनैश्चास्य वेदना भवन्ति ॥७॥

Now, when (calculi have) formed, pain during micturition occurs in any of these regions—the umbilical region, bladder, perineal raphe and penis and there is obstruction to the flow of urine, haematuria, scattering of the urinary stream, and passage of turbid, sandy urine shining like *gomeda*[2] jem.

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1. *Dietary factors are even today regarded important aetiological factors of urinary calculi.*

2. *A gem brought from the Himālayās and the Indus (being of* 4 *sorts, white, pale yellow, red and dark blue) M. W. p.* 366, *Col.* 2.

Its pain is felt during running, jumping,[1] riding and during walking in the sun and for long distances.

8. The Ślesmika Stones (Phosphate Calculi)[2].

तत्र श्लेष्माश्मरी श्लेष्मलमन्नमभ्यवहरतोऽत्यर्थमुपलिप्याधः परिवृद्धिं प्राप्य बस्तिमुखमधिष्ठाय स्रोतो निरुणद्धि, तस्य मूत्रप्रतिघाताद्दाल्यते भिद्यते निस्तुद्यत इव च बस्तिर्गुरुः शीतश्च भवति, अश्मरी चात्र श्वेता स्निग्धा महती कुक्कुटाण्डप्रतीकाशा मधूकपुष्पवर्णा वा भवति, तां श्लैष्मिकीमिति विद्यात् ॥८॥

Now the *ślesmika* stones are produced due to the excessive intake of *ślesma* generating foods, and increase in size alround due to a further deposition of *ślesma.* Being located in the bladder neck they obstruct the passage. Due to the obstruction to the flow of urine, cutting, incising or pricking pain, heaviness and sensation of cold is felt in the region. This type of stone is white, slimy and big like a hen's egg or else has the colours of *madhūka* flowers; these are known as *ślesmika* (calculi).

9. The Paittika Stones (Uric Acid and Urate Calculi).

पित्तयुतस्तु श्लेष्मा संघातमुपगम्य यथोक्तां परिवृद्धिं प्राप्य बस्तिमुखमधिष्ठाय स्रोतो निरुणद्धि, तस्य मूत्रप्रतिघातादूष्यते चूष्यते दह्यते पच्यत इव बस्तिरुष्णवातश्च भवति; अश्मरी चात्र सरक्ता पीतावभासा कृष्णा भल्लातकास्थिप्रतिमा मधुवर्णा वा भवति, तां पैत्तिकीमिति विद्यात् ॥९॥

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1. *The role of running and jumping which cause an aggravation of pain was used as a clinical confirmatory test in the diagnosis of stones till the recent past.*

2. *The modern terms e.g. phosphate, uric acid and urate calculi etc. have been suggested considering the gross appearance of the stone described in the text.*

The *śleṣmā* alongwith *pitta* gets solidified and increases in size alround as described earlier, and when located in the bladder neck region obstructs the passage. Due to obstruction to the flow of urine, warmth, sucking, burning or throbbing sensation is felt in the bladder region and *uṣṇa vāta*[1] occurs. This type of stone is blood stained, yellowish in appearance or black, is like the kernel of *bhallātaka* fruit or else has the colour of honey. These are known as the *paittika* (calculi).

10. The Vātika Stones (Oxalate Calculi).

वातयुतस्तु श्लेष्मा संघातमुपगम्य यथोक्तां परिवृद्धिं प्राप्य बस्तिमुखमधिष्ठाय स्रातो निरुणद्धि, तस्य मूत्रप्रतीघातात्तीव्रा वेदना भवति, तदाऽत्यर्थं पीडयमानो दन्तान् खादति, नाभिं पीडयति, मेढ्ं प्रमृद्‌गाति, पायुं स्पृशति, विशर्धते, विदहति, वातमूत्रपुरीषाणि कृच्छ्रेण चास्य मेहतो निःसरन्ति; अश्मरी चात्र श्यावा परुषा विषमा खरा कदम्बपुष्प वत्कण्टकाचिता भवति; तां वातिकीमिति विद्यात् ॥१०॥

The *śleṣma* alongwith *vāta* gets solidified and increases in size alround as described earlier and when located in the bladder neck obstructs the passage. Due to obstruction to the flow of his urine severe pain takes place; then, due to the excessive pain (the patient) gnashes his teeth, squeezes the umbilical region, rubs the penis, touches the perineum and he cries out in agony, feels a burning sensation and passes flatus, urine and stool with difficulty while straining for micturition. This type of stone is blackish, hard, irregular and rough and is full of spikes like the flowers of *kadamba*. These are known as the *vātika* (calculi).

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1. *Acute cystourethritis. S. S. VI.* 58.22 *and* 23 *may be referred to for description of this disease.*

11. Age in Relation to Stones.

प्रायेणैतास्तिस्रोऽश्मर्यो दिवास्वप्नसमशनाध्यशनशीतस्निग्धगुरु-मधुराहारप्रियत्वाद्विशेषेण बालानां भवन्ति; तेषामेवाल्पबस्तिका-यत्वादनुपचितमांसत्वाच्च बस्तेः सुखग्रहणाहरणा भवन्ति। महतां तु शुक्राश्मरी शुक्रनिमित्ता भवति॥११॥

Often all these types of stones are formed in children specially because of their indulgence in day sleep, consumption of all sorts of food, eating before the previous meal has been digested and because of their liking for cold, bland, heavy and sweet dishes. Because of the small size of the bladder in them and because of its thin musculature (the stones) can be easily caught hold of and taken out.

And in adults, the seminal concretions form due to *śukra.*

12. Seminal Concretions (*Ś*ukrāśmari).

मैथुनविघातादतिमैथुनाद्वा शुक्रं चलितमनिर्गच्छद्विमार्गगमनादनि-लोऽभितः संगृह्य मेढ्रवृषणयोरन्तरे संहरति, संहृत्य चोपशोषयति; सा मूत्रमार्गमावृणोति, मूत्रकृच्छ्रं बस्तिवेदनां वृषणयोश्च श्वयथुमा-पादयति, पीडितमात्रे च तस्मिन्नेव प्रदेशे प्रविलयमापद्यते; तां शुक्राश्मरीमिति विद्यात्॥१२॥

Due to interruption of sexual intercourse, or due to excessive sexual intercourse, the semen gets displaced but does not come out and is diverted into the wrong tract. *Vāyu* then gets (the displaced semen) together and deposits it between the penis and both the testes and after that it dries it up. This obstructs the urethra and dysuria, pain in the bladder and swelling in both the testes are brought about. It disappears by just a pressure in that very region. These are known as *śukrāsmaris* (seminal concretions).

13-16/1. Clinical Features of *Ś*arkara (Gravel).

भवन्ति चात्र—

शर्करा सिकता मेहो भस्माख्योऽश्मरिवैकृतम् ॥
अश्मर्या शर्करा ज्ञेया तुल्यव्यञ्जनवेदना ॥१३॥
पवनेऽनुगुणे सा तु निरेत्यल्पा विशेषतः ॥
सा भिन्नमूर्तिर्वातेन शर्करेत्यभिधीयते ॥१४॥
हृत्पीडा सक्थिसदनं कुक्षिशूलं च वेपथुः ॥
तृष्णोर्ध्वगोऽनिलः कार्ष्ण्यं दौर्बल्यं पाण्डुगात्रता ॥१५॥
अरोचकाविपाकौ तु शर्करार्ते भवन्ति च ॥

These verses are quoted in this context.

Gravel, sand or ash like substances in the urine are the altered appearances of urinary calculi. Gravel and urinary calculi are known to have similar features alongwith pain.

When the *vāyu* is favourable and specially when the calculi are small, they (the stones) come out. However, the same (calculi) when disrupted by the local *vāyu* are known as gravel.

Pain in the precordium, weakness of lower limbs, pain in the flanks and shivering, thirst, upgoing *vāyu*, blackish discolouration, weakness, pale appearance of the body, dislike for food and indigestion : these occur in patients suffering from *śarkarā* (gravel) disease.

16/2, 17. Complications Produced by Gravel.

मूत्रमार्गप्रवृत्ता सा सक्ता कुर्यादुपद्रवान् ॥१६॥
दौर्बल्यं सदनं कार्श्यं कुक्षिशूलमरोचकम् ॥
पाण्डुत्वमुष्णवातं च तृष्णां हृत्पीडनं वमिम् ॥१७॥

Those (gravels) get stuck up on their passage through the urethra and produce complications such as weakness, lethargy, emaciation, pain in the flanks, dislike for food, pallor, *uṣṇa-vāta* (cysto-urethritis), thirst, pain in the precordium and vomiting.

18-20/1. Anatomical Considerations of Urinary Bladder.

नाभिपृष्ठकटीमुष्कगुदवङ्क्षणशेफसाम् ॥
एकद्वारस्तनुत्वक्कोमध्ये बस्तिरधोमुखः ॥१८॥
बस्तिर्बस्तिशिरश्चैव पौरुषं वृषणौ गुदः ॥
एकसंबन्धिनो ह्येते गुदास्थिविवराश्रिताः ॥१९॥
अलाब्वा इव रूपेण सिरास्नायुपरिग्रहः ॥

The urinary bladder lies between the umbilicus, back, waist, testes, rectum, groin and penis, is thinwalled and has a single outlet directed downwards.

The bladder, as also the bladder neck, the penis, both testes and rectum are all related to each other and are situated in the space in front of the bone of the rectum (sacrum).

(The bladder) is shaped like a gourd and is fixed on all sides by the veins and ligaments.

20/2-24/1. Physiological Considerations of Urinary Bladder.

मूत्राशयो मलाधारः प्राणायतनमुत्तमम् ॥२०॥
पक्वाशयगतास्तत्र नाड्यो मूत्रवहास्तु याः ॥
तर्पयन्ति सदा मूत्रं सरितः सागरं यथा ॥२१॥
सूक्ष्मत्वान्नोपलभ्यन्ते मुखान्यासां सहस्रशः ॥
नाडीभिरुपनीतस्य मूत्रस्यामाशयान्तरात् ॥२२॥
जाग्रतः स्वपतश्चैव स निःस्यन्देन पूर्यते ॥
आमुखात्सलिले न्यस्तः पार्श्वेभ्यः पूर्यते नवः ॥२३॥
घटो यथा तथा विद्धि बस्तिर्मूत्रेण पूर्यते ॥

This (urinary bladder) is a site for collection of urine,

a base for the *mala*,[1] and is foremost amongst those organs which sustain life.

The urine carrying channels originating from the *pakvāśaya* (intestines) always fill (the bladder) with urine in the same way as the rivers (constantly) fill the sea.

Their mouths or openings are in thousands and because of their being extremely minute, are not seen.

That (bladder) gets filled up with urine by percolation having been carried there by channels, from the *āmāśaya*[2] (stomach) during waking as well as sleep.

As a new pitcher sunk into water upto its mouth fills up from the sides, similarly bladder gets filled up by the urine.

24/2-27/2. Pathogenesis of Calculi Formation.

एवमेव प्रवेशेन वातः पित्तं कफोऽपि वा ॥२४॥
मूत्रयुक्तमुपस्नेहात् प्रविश्य कुरुतेऽश्मरीम् ॥
अप्सु स्वच्छा (स्था) स्वपि यथा निषिक्तासु नवे घटे ॥२५॥
कालान्तरेण पङ्कः स्यादश्मरीसंभवस्तथा ॥
संहन्त्यापो यथा दिव्या मारुतोऽग्निश्च वैद्युतः ॥२६॥

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1. *The food after digestion gets converted into two parts—the prasāda bhāga and the mala bhāga. Former is absorbed as the product of digestion and is assimilated in the metabolic pathways of the human system. The mala bhāga has been accepted in Āyurveda to be equally important and is retained in the body for sometime before being finally excreted out. The places where mala is retained are known as maladharās; they are the urinary bladder and the rectum, both being essential for life.*

2. *According to Āyurveda, sources of origin of urine are stomach and intestines. At these places, the food gets seperated into prasāda bhāga and mala bhāga by the action of pācaka pitta and samāna vāyu. The mala bhāga gets converted into faeces and urine.*

तद्वब्दलासं बस्तिस्थमूष्मा संहन्ति सानिलः ॥
मारुते प्रगुणे बस्तौ मूत्रं सम्यक् प्रवर्तते ॥

Similarly, *vāta*, *pitta* and/or *kapha* enter the bladder and after mixing with urine because of their adhesiveness form the calculi.

As even clean water kept in a new pitcher, gets muddy in due course of time—in a similar way calculi are formed.

As air and fire of the electricity in the sky consolidate water (to form hail storms), similarly *pitta* located in the bladder in conjuction with *vāyu* consolidates *kapha* (to form calculi).

27/3,28. Effects of Normal and Abnormal Vāta on the Urinary Bladder.

विकारा विविधाश्चापि प्रतिलोमे भवन्ति हि ॥२७॥
मूत्राघाताः प्रमेहाश्च शुक्रदोषास्तथैव च ।
मूत्रदोषाश्च ये केचिद्बस्तावेव भवन्ति हि ॥२८॥

When *vāyu* is functioning normally in the bladder, urine is properly discharged; on its becoming abnormal various complications such as retention of urine, urinary abnormalities and spermatic disorders, or some other urinary diseases occur in the bladder itself.

इति सुश्रुतसंहितायां निदानस्थानेऽश्मरीनिदानं
नाम तृतीयोऽध्यायः ॥३॥

Thus ends the third chapter entitled "The Diagnosis of Urinary Calculi" of the *Nidāna-sthāna* of *Susruta Saṁhitā*.

S. S. II. 3

SUGGESTED RESEARCH PROBLEMS

I. HISTORICAL

Historical aspects of the following should be studied to find out as to who described them first :—

(1) Urinary Calculi;
(2) Seminal Concretions;
(3) Urinary gravel;
} Their recognition, aetiology, pathogenesis, clinical features and complications.

(4) Anatomy of Urinary Bladder;

(5) Physiology of urine formation, collection and discharge.

II. COMPARATIVE

(1) Comparative study of different systems of other ancient medicines with *Āyurveda* and with modern medicine should be done on the three main types of urinary calculi and on seminal concretions and urinary gravel.

(2) Study should be made if the *doṣa* concept of formation of stone was present in other systems of medicine also or not.

III CLINICAL

Cases of stone in the urinary bladder should be studied to see if the list of symptoms and complications mentioned in this chapter could be used to diagnose the type of urinary calculi preoperatively.

IV. EXPERIMENTAL

(1) Attempts should be made to produce experimentally the different types of vesical calculi using the concept of their formation as mentioned in this chapter.

(2) Attempt could be made to produce seminal concretions and urinary gravel in a similar way in experimental animals.

निदान स्थानम्
चतुर्थोऽध्यायः

भगन्दर निदानम्

Diagnosis of Fistula-in-ano

CHAPTER FOUR
NIDĀNA STHĀNA

S.S.II.4

SUMMARY

This chapter describes the aetiology, pathogenesis, diagnosis and prognosis of fistulae-in-ano and differentiates them from anorectal abscesses and perianal boils.

Five types (3) of fistula-in-ano have been described viz. *śalaponaka*, *uṣṭragrīva*, *parisrāvī*, *śambūkāvarta* and *unmārgī*. Etymology (3) of the word *bhagandara* (fistula-in-ano) has been given. It was to be differentiated from its precursor, *bhagandara piḍakā*, and anorectal abscess (3). Their prodromal features in general have been mentioned (4, 12).

The aetiology, pathogenesis, clinical features, nature of discharge and of pain and the sequelae and complications of all the types of fistula-in-ano have been given in detail (5–9).

Differentiation between perianal boil, anorectal abscess and fistula-in-ano has been emphasized (10, 11).

Prognosis of the different types of fistula-in-ano has been mentioned (13).



चतुर्थोऽध्यायः

Chapter Four

1. अथातो भगन्दराणां निदानं व्याख्यास्यामः ॥१॥

Now we would expound upon "The Diagnosis of Fistulae-in-ano."[1]

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari.*

3. Aetiology and Types

वातपित्तश्लेष्मसन्निपातागन्तुनिमित्ताः शतपोनकोष्ट्रग्रीवपरिस्राविशम्बूकावर्तोन्मार्गिणो यथासंख्यं पञ्च भगन्दरा भवन्ति। ते तु भगगुदबस्तिप्रदेशदारणाच्च 'भगन्दरा' इत्युच्यन्ते। अभिन्नाः पिडकाः भिन्नास्तु भगन्दराः ॥३॥

The fistulae-in-ano are of five types-*śataponaka, uṣṭragrīva, parisrāvī, śambūkāvarta* and *unmārgī*; they are caused by *vāta, pitta* and *kapha,* by a combination of the three *doṣas* and by trauma respectively. These are called fistulae-in-ano (*bhagandara*) because they break through the perineum (*bhaga*), anus and bladder regions. Those without an opening are called (anorectal) abscesses[2] and those with an opening are called fistule-in-ano.[3]

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1. *The management of these diseases has been discussed in S.S.IV.*8.
2. *Bhagandara-piḍakā.*
3. *Bhagandara.*

4. Prodromal Features

तेषां तु पूर्वरूपाणि—कटीकपालवेदना कण्डूर्दाहः शोफश्च गुदस्य भवति ॥४॥

Their prodromal features are pain in the waist, itching, burning sensation and swelling at the anus.

5. Śataponaka Fistula-in-ano

तत्रापथ्यसेविनां वायुः प्रकुपितः सन्निवृत्तः स्थिरीभूतो गुदमभितोऽङ्गुलेद्व्यङ्गुले वा मांसशोणिते प्रदूष्यारुणवर्णां पिडकां जनयति, साऽस्य तोदादीन् वेदनाविशेषाञ्जनयति, अप्रतिक्रियमाणा च पाकमुपैति, मूत्राशयाभ्यासगतत्वाच्च व्रणः प्रक्लिन्नः शतपोनकवदणुमुखैश्छिद्रैरापूर्यते, तानि च छिद्राण्यजस्रमच्छं फेनानुविद्धमधिकमास्रावं स्रवन्ति, व्रणश्च ताड्यते भिद्यते छिद्यते सूचीभिरिव निस्तुद्यते, गुदं चावदीर्यते, उपेक्षिते च वातमूत्रपुरीषरेतसामप्यागमश्च तैरेव छिद्रैर्भवति; तं भगन्दरं शतपोनकमित्याचक्षते ॥५॥

Now, due to indulgence in unsalutary diets and habits, the *vāyu* gets vitiated, condensed and then localised one to two fingers around the anus and involves the muscles and blood, gives rise to specific types of pain like pins and needles etc. and if it remains untreated, suppuration results (anorectal abscess).

Due to its close proximity to the urinary bladder, the wound is always moist and is full of multiple small holes like that in a sieve[1]; from those minute holes copious, clear or foamy discharge flows out continuously and there is whipping, tearing, biting and pricking pain in the wound and there is also splitting sensation of the anus. If neglected, flatus, urine, faeces and

1. *watering can perineum.*

semen start coming out of those openings; such a fistula is called *Śataponaka.*

6. Uṣṭragrīva Fistula-in-ano

पित्तं तु प्रकुपितमनिलेनाधः प्रेरितं पूर्ववदवस्थितं रक्तां तन्वीमुच्छ्रितामुष्ट्रग्रीवाकारां पिडकां जनयति; साऽस्य चोषादीन् वेदनाविशेषाञ्जनयति; अप्रतिक्रियमाणा च पाकमुपैति; व्रणश्चाग्निक्षाराभ्यामिव दह्यते, दुर्गन्धमुष्णमास्रावं स्रवति, उपेक्षितश्च वातमूत्रपुरीषरेतांसि विसृजति; तं भगन्दरमुष्ट्रग्रीवमित्याचक्षते ।।६।।

Vitiated *pitta* is pushed down by the *vāyu* and accumulates as described before around the anus and produces a red coloured, small and raised inflammed swelling of the shape of a camel's neck; it gives rise to specific burning type of pains etc. in it; and if untreated, suppuration results. The resulting wound gives rise to sensation as if burnt by alkali or fire cautery and there is foul smelling and warm discharge; if neglected, flatus, urine, faeces and semen are discharged (through it) and that fistula is called *uṣṭragrīva.*

7. Parisrāvī Fistula-in-ano

श्लेष्मा तु प्रकुपितः समीरणेनाधः प्रेरितः पूर्ववदवस्थितः शुक्लावभासां स्थिरां कण्डूमतीं पिडकां जनयति; साऽस्य कण्डवादीन् वेदनाविशेषाञ्जनयति, अप्रतिक्रियमाणा च पाकमुपैति, व्रणश्च कठिनः संरम्भी कण्डूप्रायः पिच्छिलमजस्रमास्रावं स्रवति, उपेक्षितश्च वातमूत्रपुरीषरेतांसि विसृजति; तं भगन्दरं परिस्राविणमित्याचक्षते ।।७।।

The vitiated *kapha*, is pushed down by the *vāyu* and accumulates, as described before, around the anus and produces a white coloured, firm and itching swelling; it gives rise to specific pains like itching etc. If untreated, suppuration results and the resulting wound is indurated, angry looking and usually itching and a continuous mucoid discharge flows from it. If neglected

flatus, urine, faeces and semen are discharged from it; that fistula is called as *parisrāvī.*

8. Śambūkāvarta Fistula-in-ano

वायुः प्रकुपितः प्रकुपितौ पित्तश्लेष्माणौ परिगृह्याधो गत्वा पूर्ववदवस्थितः पादाङ्गुष्ठाग्रप्रमाणां सर्वलिङ्गां पिडकां जनयति, साऽस्य तोददाहकण्ड्वादीन् वेदनाविशेषाञ्जनयति अप्रतिक्रियमाणा च पाकमुपैति, व्रणश्च नानाविधवर्णमास्रावं स्रवति, पूर्णनदीशम्बूकावर्तवच्चात्र समुत्तिष्ठन्ति वेदनाविशेषाः; तं भगन्दरं शम्बूकावर्तमित्याचक्षते ॥८॥

The vitiated *vāyu,* in close association with the vitiated *pitta* and *kapha,* travels down, and accumulates as described before around the anus and produces a swelling of the size of the tip of the great toe of the foot; it has the clinical features of all the *doṣas* and gives rise to specific pains like pricking, burning sensation and itching etc. If untreated, suppuration results and the resulting wound has a discharge of various colours; its specific pains are (deep seated and directed inwards) like whirlpools in a full river or the revolutions in a conch-shell; that fistula is called *śambūkāvarta.*

9. Unmārgī Fistula-in-ano

मूढेन मांसलुब्धेन यदस्थिशल्यमन्नेन सहाभ्यवहृतं यदाऽवगाढपुरीषोन्मिश्रमपानेनाधः प्रेरितमसम्यगागतं गुदमपक्षिणोति तदा क्षतनिमित्तः कोथ उपजायते, तस्मिंश्च क्षते पूयरुधिरावकीर्णमांसकोथे भूमाविव जलप्रक्लिन्नायां क्रिमयः संजायन्ते, ते भक्षयन्तो गुदमनेकधा पार्श्वतो दारयन्ति, तस्य तैर्मार्गैः कृमिकृतैर्वातमूत्रपुरीषरेतांस्यभिनिःसरन्ति तं भगन्दरमुन्मार्गिणमित्याचक्षते ॥९॥

When a bony foreign body is taken with food by an unaware and meat greedy person, it is pushed down with solid stools by *apāna vāyu* and arrives in the anus abnormally and traumatises it; due to this injury putrefaction results. Organisms grow in

the resulting wound and in the dead tissues full of pus and blood as they would grow in a soil full of stagnating water. These (organisms) while eating away the anus tear it from many sides. Then from the passages thus created by the organisms flatus urine, faeces and semen are discharged; that fistula is called *unmārgī*.

10. Guda-piḍakā (perianal Boil)

भवन्ति चात्र--

उत्पद्यतेऽल्परुक् शोफात् क्षिप्रं चाप्युपशाम्यति ।
पाय्वन्तदेशे पिडका सा ज्ञेयाऽन्या भगन्दरात् ॥१०॥

The following verses are quoted in this context :

A swelling in the anal region which has mild pain and subsides quickly is known as *piḍakā;* and it is different from *bhagandara-piḍakā*[1].

11. Bhagandara-piḍakā (Ano-rectal abscess)

पायोः स्याद् द्वयङ्गुले देशे गूढमूला सरुग्ज्वरा ।
भागन्दरीति विज्ञेया पिडकाऽतो विपर्ययात् ॥११॥

A swelling occuring within two fingers around the anus, which is deep rooted and is accompanied with pain and fever is known as *bhagandara-piḍakā* as opposed to the *piḍakā* mentioned above.

12. Prodromal Features of Fistula-in-ano

यानयानान्मलोत्सर्गात् कण्डूरुग्दाहशोफवान् ।
पायुर्भवेद्रुजः कट्यां पूर्वरूपं भगन्दरे ॥१२॥

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1. *S.S.II.*4.10 *and* 11 *describe two types of swellings around the anus. Piḍakā alone implies a perianal boil while bhagandara piḍakā implies ano-rectal abscesses.*

Itching, pain, burning sensation and inflammation occuring in the anal region after riding on a vehicle and after defaecation are the prodromal features of fistula-in-ano.

13. Prognosis of Fistula-in-ano

घोराः साधयितुं दुःखाः सर्वं एव भगन्दराः ।
तेष्वसाध्यस्त्रिदोषोत्थः क्षतजश्च भगन्दरः ॥१३॥

All the fistulae are very difficult to treat; out of them the fistulae produced by a combination of the three *doṣas* i.e. *śambūkāvarta* and the traumatic ones (*unmārgī*) are incurable.

इति सुश्रुतसंहितायां निदानस्थाने भगन्दरनिदानं
नाम चतुर्थोऽध्यायः ॥४॥

Thus ends the fourth chapter entitled "The Diagnosis of Fistula-in-ano" of the *Nidāna-Sthāna* of *Suśruta Saṁhitā*.

SUGGESTED RESEARCH PROBLEMS

HISTORICAL

Study should be made to find out the first precise description of fistula-in-ano and if anyone else before *Suśruta* has differentiated those from anorectal abscess and perianal boil (10, 11).

COMPARATIVE

A comparative study of the five types (3–13) of fistula-in-ano mentioned in this chapter should be carried out between ancient Indian and other ancient systems of medicine and between them and the modern concepts.

CLINICAL

Study of patients suffering from fistula-in-ano should be done to find out if the five types (3–13) mentioned in this chapter could be used for classification of fistula-in-ano today.

EXPERIMENTAL

Attempts could be made to produce the five types (3–9) of fistula-in-ano in experimental animals.

निदान-स्थानम्
पञ्चमोऽध्यायः

कुष्ठ-निदानम्

Diagnosis of Skin Diseases

CHAPTER FIVE
NIDĀNA-STHĀNA

S.S.II.5

SUMMARY

This chapter deals with the etiology, pathogenesis, clinical features and complications of various skin diseases including leprosy. Excessive or loss of sweating, loss of sensation and unhealing ulcers have been significantly described among the common clinical features indicating thereby that leprosy was included in the diseases mentioned (4). Further, amongst its etiological factors infection by organisms has also been described in addition to the various *doṣas* (5, 7).

Seven major types of *kuṣṭhas* have been described (8); one due to *vāta*, four due to *pitta* and two due to *kapha*. Eleven minor types of *kuṣṭhas* (9—15) and three types of leucodermaṣ (17) have been described. The description includes various allergic, inflammatory and idiopathic lesions of the skin. The gravity and poor prognosis of the various types have been emphasized. Modes of spread of contagious diseases have been succintly mentioned (34).

पञ्चमोऽध्यायः

Chapter Five

1. अथातः कुष्ठनिदानं व्याख्यास्यामः ॥१॥

Now we would expound upon "The Diagnosis of Skin Diseases (including Leprosy)".[1]

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*.

3. Predisposing factors, Aetiology and Pathogenesis

मिथ्याहाराचारस्य विशेषाद्गुरुविरुद्धासात्म्याजीर्णाहिताशिनः स्नेहपीतस्य वान्तस्य वा व्यायामग्राम्यधर्मसेविनो ग्राम्यानूपौदकमांसानि वा पयसाऽभीक्ष्णमश्नतो यो वा मज्जत्यप्सूष्माभितप्तः सहसा छर्दिं वा प्रतिहन्ति, तस्य पित्तश्लेष्माणौ प्रकुपितौ परिगृह्यानिलः प्रवृद्धस्तिर्यग्गाः सिराः संप्रपद्य समुद्धूय बाह्यं मार्गं प्रति समन्ताद्विक्षिपति, यत्र तत्र च दोषो विक्षिप्तो निश्चरति तत्र तत्र मण्डलानि प्रादुर्भवन्ति, एवं समुत्पन्नस्त्वचि दोषस्तत्र तत्र च परिवृद्धिं प्राप्याप्रतिक्रियमाणोऽभ्यन्तरं प्रतिपद्यते धातूनभिदूषयन् ॥३॥

Irregularity in diet or in daily routine; taking of specially heavy, contraindicated, unsuitable foods; taking meals before the previous meal has been digested or taking of unwholesome (foods)[2]; indulgence in exercise or in sexual intercourse after

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1. *The management of these diseases has been discussed in S. S. IV.* 9.

2. *Many of the etiological factors mentioned cannot explain the etiology of leprosy and skin diseases in general. Hewever, it is now well konwn that cutaneous allergy is most often due to ingestants.*

ingesting fatty foods or after having undergone emesis; taking of milk alongwith the meats of domestic, swamp and aquatic animals; taking of bath habitually while still feeling hot (after exposure to the sun or after physical exertion) and forcible inhibition of vomiting; all these vitiate *pitta* and *kapha* which get mixed up with *vāyu*, and getting aggravated traverse the oblique veins, involve the external passages and flare up alround.

Patches become manifest at those very places wherever the flared up *doṣas* reach; the *doṣas* thus afflicting the skin increase at these very places, if left untreated; and when they reach internally they vitiate the *dhātus*.

4. Prodromal Features

तस्य पूर्वरूपाणि——त्वक्पारुष्यमकस्माद्रोमहर्षः कण्डूः स्वेदबाहुल्यमस्वेदनं वाऽङ्गप्रदेशानां स्वापः क्षतविसर्पणमसृजः कृष्णता चेति ॥४॥

Their prodromal features are roughness of skin, sudden horripilation, itching, excessive sweating or absence of sweating, loss of sensation in the limbs, increase in the size of wounds (inspite of treatment) and blackish discolouration of the blood.

5. Types of Kuṣṭhas[1]

तत्र सप्त महाकुष्ठानि, एकादश क्षुद्रकुष्ठानि, एवमष्टादश कुष्ठानि भवन्ति । तत्र महाकुष्ठान्यरुणोदुम्बरर्ष्य (र्क्ष) जिह्वकपालकाकणकपुण्डरीकदद्रुकुष्ठानीति । क्षुद्रकुष्ठान्यपि स्थूलारुष्कं महाकुष्ठमेककुष्ठं चर्मदलं विसर्पः परिसर्पः सिध्मं विचर्चिका किटिभं (मं) पामा रकसा चेति ॥५॥

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1. *The term kuṣṭha has been popularly used for leprosy but studying the description in light of modern knowledge, it appears that many of these do not fit in with leprosy but in fact are nearer to many other skin diseases. So this term should be used for "Dermatoses (including leprosy)."*

There are seven major *kuṣṭhas* and eleven minor kuṣṭhas; thus there are eighteen *kuṣṭhas* in all.

The major *kuṣṭhas* are *aruṇa*, *audumbara*, *ṛṣyajihva*, *kapāla*, *kākaṇaka*, *puṇḍarīka* and *dadru.*

The minor kuṣṭhas are *sthūlāruṣka*, *mahākuṣṭha*, *ekakuṣṭha*, *carmadala*, *visarpa*, *parisarpa*, *sidhma*, *vicarcikā*, *kiṭibha*, *pāmā* and *rakasā.*

6, 7. Doṣa as the Basis of Nomenclature and Prognosis of Major Kuṣṭha

सर्वाणि कुष्ठानि सवातानि सपित्तानि सश्लेष्माणि सक्रिमीणि च भवन्ति, उत्सन्नतस्तु दोषग्रहणमभिभवात् ॥६॥

तत्र वातेनारुणं, पित्तेनोदुम्बरर्ष्य (र्क्ष) जिह्वकपालकाकणकानि, श्लेष्मणा पुण्डरीकं दद्रुकुष्ठं चेति। तेषां महत्त्वं क्रियागुरुत्वमुत्तरोत्तरं धात्वनुप्रवेशादसाध्यत्वं चेति ॥७॥

All the *kuṣṭhas* are due to the vitiation of *vāta*, *pitta*, and *kapha* and due to organisms. The nomenclature is done according to the predominance of the *doṣas* concerned.

Out of them *aruṇa* is due to *vāta*; *audumbara*, *ṛṣyajihva*, *kapāla* and *kākaṇaka* are due to *pitta* and *puṇḍarīka* and *dadru* are due to *kapha.* The significance of this order is because of the increasing difficulty in their management, their ability to involve the *dhātus* successively and their increasing incurability.

8. Clinical Features of Mahākuṣṭhas

तत्र वातेनारुणाभानि तनूनि विसर्पीणि तोदभेदस्वापयुक्तान्यरुणानि। पित्तेन पक्वोदुम्बरफलाकृतिवर्णान्यौदुम्बराणि, ऋष्य (क्ष)-जिह्वाप्रकाशानि खराणि ऋष्य (क्ष) जिह्वानि, कृष्णकपालिकाप्रकाशानि कपालकुष्ठानि, काकणन्तिकाफलसदृशान्यतीव रक्तकृष्णानि काकणकानि; तेषां चतुर्णामप्योषचोषपरिदाहधूमायनानि क्षिप्रोत्थान-प्रपाकभेदित्वानि क्रिमिजन्म च सामान्यानि लिङ्गानि । श्लेष्मणा

पुण्डरीकपत्रप्रकाशानि पौण्डरीकाणि, अतसीपुष्पवर्णानि ताम्राणि वा विसर्पीणि पिडकावन्ति च दद्रुकुष्ठानि; तयोर्द्वयोरप्युत्सन्नता परिमण्डलता कण्डूश्चिरोत्थानत्वं चेति सामान्यानि रूपाणि ॥८॥

Vātika Mahākuṣṭha

(1) *Aruṇa*[1]—Out of these, the *aruṇa kuṣṭha* caused by *vāta*, is reddish in appearance, thin and has a tendency to spread and is associated with pricking and tearing pains and with loss of sensations.

Paittika Mahākuṣṭhas

(2) *Audumbara*[2]—The *audumbara mahākuṣṭhas* caused by *pitta* are of similar colour and sizes as the ripe *audumbara* fruits.

(3) *Ṛsyajihva*—The *ṛsyajihva kuṣṭhas* are similar in appearance and roughness to that of the tongue of *ṛsya* deers.

(4) *Kapālakuṣṭha*—The *kapālakuṣṭhas* are like black clay pot in appearance.

(5) *Kākaṇaka*—The *kākaṇaka kuṣṭhas* are extremely black and red in colour like the fruits of *kākaṇāntikā*.

The general features of all these four are warmth, sucking and burning sensations, smoky sensation, quick appearance, suppuration, bursting and growth of organisms in them.

Śleṣmika-Kuṣṭhas

(6) *The puṇḍarīka kuṣṭha*[3]—The *puṇḍarīka kuṣṭhas* caused by *śleṣma* are like the leaves of white lotus.

(7) *Dadru kuṣṭha*[4]—The *dadru kuṣṭhas* have the colouration of the flowers of linseed, or are copper coloured, and are serpigenous and full of eruptions.

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1. *This could fit in with tuberculoid leprosy.*

2. *This group probably represents pyodermas.*

3 & 4. *May be considered psoriasis and ringworm respectively. Psoriasis patient very often complains of itching which may be marked.*

The general features of both these are elevated, spherical, itching and slowly growing patches.

9. Clinical Features of Kṣudrakuṣṭhas

क्षुद्रकुष्ठान्यत ऊर्ध्वं वक्ष्यामः—

स्थूलानि सन्धिष्वतिदारुणानि स्थूलारुषि स्युः कठिनान्यरूंषि।
त्वक्कोचभेदस्वपनाङ्गसादाः कुष्ठे महत्पूर्वयुते भवन्ति ॥९॥

Now we would describe the minor *kuṣthas*.

(1) Sthūlāruṣka[1]

There are hard and thick ulcers in the joints and are difficult to treat in cases of *sthūlāruṣka kuṣthas*.

(2) Mahākuṣṭha[2]

Appearance of wrinkles, cracks and anaesthesia in the skin and lethargy occur in *mahākuṣṭha*.

10/1. (3) Ekakuṣṭha[3]

कृष्णारुणं येन भवेच्छरीरं तदेककुष्ठं प्रवदन्ति कुष्ठम्।

That *kuṣṭha* in which the body becomes blackish-red is known as ekakuṣṭha.

10/2. (4) Carmadala[4]

स्युर्येन कण्डूव्यथनौषचोषास्तलेषु तच्चर्मदलं वदन्ति ॥१०॥

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1. *Ezematous patches occuring in flexures in atopic dermatitis are often hard and itchy and become painful only when eroded or secondarily infected.*

2. *Presence of anaesthesia indicates it to be a type of leprosy. The presence of cracks (probably in feet) indicates that it might be a polyneuritic type of leprosy.*

3. *These might represent melanodermas.*

4. *This description tallies with dyshiderosis (cheiropedo-pompholyx).*

That *kuṣṭha* in which there is itching, pain, warmth and sucking sensation in the palms and soles is called *carmadala*.

11. (5) Visarpa Kuṣṭha[1]

विसर्पवत् सर्पति सर्वतो यस्त्वग्रक्तमांसान्यभिभूय शीघ्रम्।
मूर्च्छाविदाहारतितोदपाकान् कृत्वा विसर्पः स भवेद्विकारः॥११॥

That *kuṣṭha* is *visarpa* which having afflicted the skin, blood, and muscles quickly spreads all over like erysipelas and which produces unconsciousness, burning, restlessness, pricking pain and suppuration.

12/1. (6) Parisarpa Kuṣṭha[2]

शनैः शरीरे पिडकाः स्रवन्त्यः सर्पन्ति यास्तं परिसर्पमाहुः।

That is called *parisarpa* in which discharging boils gradually spread over the body.

12/2. (7) Sidhma Kuṣṭha[3]

कण्ड्वन्वितं श्वेतमपायि सिध्म विद्यात्तनु प्रायश ऊर्ध्वकाये॥१२॥

That should be known as *sidhma kuṣṭha* which has itching, is whitish, painless and thin and usually occurs in the upper half of the body.

13. (8) Vicarcikā Kuṣṭha[4]

राज्योऽतिकण्ड्वर्तिरुजः सरूक्षा भवन्ति गात्रेषु विचर्चिकायाम्।
कण्डूमती दाहरुजोपपन्ना विपादिका पादगतेयमेव॥१३॥

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1. ? *Erysipelas.*

2. *Probably it is furunculosis.*

3. *Description is nearest to pityriasis versicolor, but itching is present only in about a quarter patients.*

4. *This probably represents ichtyosis, even though normally ichthyotic patients do not itch or have pain unless it is severe, and is eczematised, which is a common complication.*

Cracks, excessive itching, severe pain alongwith roughness in the body are present in *vicarcikā kuṣṭha*. The same occuring in the foot only with itching, burning and pain is called *vipādikā*.[1]

14/1. (9) Kiṭibha Kuṣṭha[2]

यत् स्रावि वृत्तं घनमुग्रकण्डु तत् स्निग्धकृष्णं किटिभं (मं) वदन्ति।

That is known as *kiṭibha kuṣṭha* in which the patches are discharging, circular, dense, severely itching, slimy and blackish.

14/2. (10) Pāmā Kuṣṭha[3]

सास्रावकण्डूपरिदाहकाभिः पामाऽणुकाभिः पिडकाभिरूह्या ॥१४॥

Pāmā kuṣṭha is associated with discharge, itching and burning, and with the appearance of tiny boils.

15/1. Kacchū Kuṣṭha[4]

स्फोटैः सदाहैरति सैव कच्छूः स्फिक्पाणिपादप्रभवैर्निरूप्या।

And that (*pāmā*) in which blisters with burning pain are produced in the buttocks, hands and feet is called *kacchū kuṣṭha*.

15/2. (11) Rakasā Kuṣṭha[5]

कण्ड्वन्विता या पिडका शरीरे संस्रावहीना रकसोच्यते सा॥१५॥

---

1. *Vipādikā may represent tylosis, but later can involve palms also.*

2. *This may represent some varieties of dermatitis (eczema).*

3. *The description given could probably have been of acute stages of eczema and moniliasis.*

4. *A subvariety of pāmā kuṣṭha.*

5. *? Scabies.*

That is called *rakasā kuṣṭha* in which there is itching in the body and boils are present without any discharge.

16. Doṣas as the Aetiological Basis of Minor Kuṣṭhas

अरुः सिध्मं रकसा महच्च यच्चैककुष्ठं कफजान्यमूनि ।
वायोः प्रकोपात् परिसर्पमेकं शेषाणि पित्तप्रभवाणि विद्यात् ॥१६॥

Sthūlāruṣka, sidhma, rakasā, mahākuṣṭha, and *ekakuṣṭha* are produced by *kapha.*

Parisarpa is the only one produced by the vitiation of *vāyu*; the rest are known to be due to vitiation of the *pitta.*

17. Leucoderma (Kilāsa)

किलासमपि कुष्ठविकल्प एव; तत्त्रिविधं—वातेन, पित्तेन, श्लेष्मणा चेति। कुष्ठकिलासयोरन्तरं—त्वग्गतमेव किलासमपरिस्रावि च । तद्वातेन मण्डलमरुणं परुषं परिध्वंसि च, पित्तेन पद्मपत्रप्रतीकाशं सपरिदाहं च, श्लेष्मणा श्वेतं स्निग्धं बहलं कण्डूमच्च। तेषु संबद्धमण्डलमन्तेजातं रक्तरोम चासाध्यमग्निदग्धं च ॥१७॥

Leucoderma is also a kind of dermatoses; they are of three types—that due to *vāta, pitta* and *kapha.*

Differentiating Features from Leprosy :

The diffirence between leprosy and leucoderma is that the later is limited to the skin only and has no discharge.

Clinical Features :

Leucoderma Caused By The Vāta

That leucoderma which is caused by *vāta* is circular, red, indurated, and gives out dusty particles on rubbing.

Leucoderma caused by Kapha

That caused by *kapha,* is white, oily, extensive and is associated with itching.[1]

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1. *Itching when present in leucoderma is only secondary.*

These leucodermas in which the patches overlap each other and in which the hairs are red[1] at the terminal[2] parts of the body are incurable, as are also those which develop after burns.

18. Complications of Leprosy

कुष्ठेषु तु त्वक्संकोचस्वापस्वेदशोफभेदकौण्यस्वरोपघाता वातेन, पाकावदरणाङ्गुलिपतनकर्णनासाभङ्गाक्षिरागसत्त्वोत्पत्तयः पित्तेन, कण्डूवर्णभेदशोफास्रावगौरवाणि श्लेष्मणा ॥१८॥

In leprosy contraction of skin, loss of sensation, excessive perspiration, oedema, tearing sensation, deformity and speech disturbances[3] are due to vitiated *vāta*; suppuration, bursting, dropping off of fingers, breaking off of the ears and nose, congestion of eyes, and production of organisms are due to vitiated *pitta;* and itching, discolouration, oedema, discharge, and heaviness are due to *śleṣma.*

19. The Incurable Mahākuṣṭhas

तत्रादिबलप्रवृत्तं पौण्डरीकं काकणं चासाध्यम् ॥१९॥

Out of them, the *pauṇḍarīka* and *kākaṇaka,* which are due to defect in the germ cells, are incurable.

20, 21. Sequelae of Untreated Leprosy

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1. *Red hairs are seldem seen in leucoderma.*

2. *Like lips, hand, feet and anal region* (Dalhaṇa).

3. *Speech disturbances is seldom, if at all a direct comare-plication of dermatoses including leprosy.*

भवन्ति चात्र—

यथा वनस्पतिर्जातः प्राप्य कालप्रकर्षणम्।
अन्तर्भूमिं विगाहेत मूलैर्वृष्टिविवर्धितैः॥२०॥
एवं कुष्ठं समुत्पन्नं त्वचि कालप्रकर्षतः।
क्रमेण धातून् व्याप्नोति नरस्याप्रतिकारिणः॥२१॥

These verses have been quoted in this context.

As a growing plant in due course of time spreads inside the earth by its roots and further proliferates with rains, similarly leprosy appearing in the skin, in due course of time spreads in the *dhātus*[1] sequentially in those patients who remain untreated.

22. Clinical Features of Skin Leprosy

स्पर्शहानिः स्वेदनत्वमीषत्कण्डूश्च जायते।
वैवर्ण्यं रूक्षभावश्च कुष्ठे त्वचि समाश्रिते॥२२॥

Loss of tactile sensation, excessive perspiration, slight itching, discolouration and feeling of dryness are produced in leprosy located within the skin.

23. Clinical Features of Leprosy Involving Śoṇita

त्वक्स्वापो रोमहर्षश्च स्वेदस्याभिप्रवर्तनम्।
कण्डूर्विपूयकश्चैव कुष्ठे शोणितसंश्रिते॥२३॥

Loss of tactile sensation, horripilation, excessive perspiration, itching and suppuration are produced in leprosy located in the *rakta*.

24. Clinical Features of Leprosy Involving Māṁsa

बाहुल्यं वक्त्रशोषश्च कार्कश्यं पिडकोद्गमः।
तोदः स्फोटः स्थिरत्वं च कुष्ठे मांससमाश्रिते॥२४॥

---

1. *Seven dhātus- rasa, rakta, māṁsa, meda, majjā, asthi and śukra in that order.*

Big patches, dryness of the mouth, roughness, production of multiple boils, pricking pain, blisters and induration are produced in leprosy located in the *māṁsa*.

25. Clinical Features of Leprosy Involving Meda

दौर्गन्ध्यमुपदेहश्च पूयोऽथ क्रिमयस्तथा ।
गात्राणां भेदनं चापि कुष्ठे मेदःसमाश्रिते ॥२५॥

Bad smell, soddening, pus formation, production of organisms and tearing sensation in the limbs are produced in leprosy located in the *meda*.

26. Clinical Features of Leprosy Involving Asthi and Majjā

नासाभङ्गोऽक्षिरागश्च क्षते च क्रिमिसंभवः ।
भवेत् स्वरोपघातश्च ह्यस्थिमज्जसमाश्रिते ॥२६॥

Falling off of the nose, congestion of the eyes, production of organisms in the lesion, and speech disorders are produced in leprosy located in the *asthi* and *majjā*.

27. Clinical Features of Leprosy Involving the Śukra

कौण्यं गतिक्षयोऽङ्गानां संभेदः क्षतसर्पणम् ।
शुक्रस्थानगते लिङ्गं प्रागुक्तानि तथैव च ॥२७॥

Paralysis of the hands, loss of movements of the limbs, tearing sensation of the limbs and spreading of the lesions are produced when it (leprosy) reaches the site of *śukra;* as also all those features mentioned above are produced.

28. Leprosy as a Hereditary Disease

स्त्रीपुंसयोः कुष्ठदोषाद्दुष्टशोणितशुक्रयोः ।
यदपत्यं तयोर्जातं ज्ञेयं तदपि कुष्ठितम् ॥२८॥

The child born of a woman and a man with vitiated ovum and sperm due to leprosy should be regarded as leprotic.

29. Prognosis of Leprosy

कुष्ठमात्मवतः साध्यं त्वग्रक्तपिशिताश्रितम् ।
मेदोगतं भवेद्याप्यमसाध्यमत उत्तरम् ॥२९॥

Leprosy is curable in the prudent if it is located within *tvak*, *rakta* and *māṁsa*; it is relievable if it involves *meda* whereas it is incurable if it is located in the rest of the dhātus.

30–32. Effects of Good and Bad Deeds on Leprosy

ब्रह्मस्त्रीसज्जनवधपरस्वहरणादिभिः ।
कर्मभिः पापरोगस्य प्राहुः कुष्ठस्य संभवम् ॥३०॥
म्रियते यदि कुष्ठेन पुनर्जातेऽपि गच्छति ।
नातः कष्टतरो रोगो यथा कुष्ठं प्रकीर्तितम् ॥३१॥
आहाराचारयोः प्रोक्तामास्थाय महतीं क्रियाम् ।
औषधीनां विशिष्टानां तपसश्च निषेवणात् ।
यस्तेन मुच्यते जन्तुः स पुण्यां गतिमाप्नुयात् ॥३२॥

It has been said that the evil acts of killing of *brāhmins*, women, and noble persons and taking of others riches etc., produce leprosy as a disease of sin.

If one dies due to leprosy, he gets the same disease when he is reborn; therefore there is none more distressing disease known than leprosy.

One who, having faith in the diet and daily rituals mentioned (elsewhere) carries out the same great deeds and the person who gets rid of this (leprosy) disease due to the use of special medicines and religious austerities obtains healthy body.

33, 34. Modes of Spread of Contagious Diseases

प्रसङ्गाद्गात्रसंस्पर्शान्निश्वासात् सहभोजनात् ।
सहशय्यासनाच्चापि वस्त्रमाल्यानुलेपनात् ॥३३॥

कुष्ठं ज्वरश्च शोषश्च नेत्राभिष्यन्द एव च।
औपसर्गिकरोगाश्च संक्रामन्ति नरान्नरम् ॥३४॥

Kuṣṭha, fever, consumption, conjunctivitis and infectious diseases spread from human beings to human beings due to sexual intercourse, touching of the body, due to breath, eating together, and even sharing the same bed and by clothings, garlands and cosmetics.

इति सुश्रुतसंहितायां निदानस्थाने कुष्ठनिदानं
नाम पंचमोऽध्यायः ॥ ५ ॥

Thus ends the fifth chapter entitled 'Diagnosis of Skin Diseases (including Leprosy)' of *Nidāna-Sthāna* of *Suśruta-Saṁhitā.*

S.S. II. 5

SUGGESTED RESEARCH PROBLEMS

1. A clinical and comparative study for the identiification of various diseases or varieties of *kuṣṭhas* should be done.

2. Characteristic features of leprosy viz. anaesthetic patches, excessive sweating or its loss, non-healing trophic ulcers, deformity of the nose etc, have been described amongst the clinical features (4, 8–15). A historical study regarding their early mention would be interesting.

3. A historical study of the infectious diseases would be worthwhile in view of the succint description (54) of the mode of spread of contagious diseases.

निदान-स्थानम्
षष्ठोऽध्यायः

प्रमेह-निदानम्

Diagnosis of Urinary Abnormalities

CHAPTER SIX
NIDĀNA-STHĀNA

S.S.II.6

SUMMARY

This chapter deals with the diagnosis of twenty urinary abnormalities and with that of the boils associated with them.

The predisposing factors (3), aetiology, pathogenesis (4), prodromal (5) and general features (6) of the urinary abnormalities have been given. Ten of these abnormalities originate from (vitiated) *kapha* and are curable, six are due to vitiated *pitta* and are relievable, four are due to (vitiated) *vāta* and are incurable (8, 9). Clinical features of all the urinary abnormalities have been given seperately (10—12); their complications (13) have been described doṣawise. The description of *kaphaja* variety includes the clinical features of diabetes mellitus, diabetes insipidus and phosphaturia (10). Attraction of flies to the urine of these patients has been mentioned (13). Clinical features of *pitta* type are suggestive of hematurias of various degrees (11) and of systemic infection. *Vātika* types include chyluria etc. (12).

Pathogenesis and clinical features of the ten types (14—19) of boils occuring in such patients have been dealt with individually. The description includes features of carbuncles and other infective lesions. Emphasis has been laid on the boils which are incurable (20–21).

Definitions and essential features of *pramehī* (one suffering from urinary abnormalities) and of *madhumehī* (*pramehī* with boils and other complications) have been given (22–27).

षष्ठोऽध्यायः

Chapter Six

1. अथातः प्रमेहनिदानं व्याख्यास्यामः ॥१॥

Now we would expound upon the chapter entitled "Diagnosis of Urinary Abnormalities".

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*.

3. Predisposing Factors

दिवास्वप्नाव्यायामालस्यप्रसक्तं शीतस्निग्धमधुरमेद्यद्रवान्नपान-सेविनं पुरुषं जानीयात् प्रमेही भविष्यतीति ॥३॥

The person who indulges in day sleeping, abstains from physical exercise, is lazy and takes cold, slimy, sweet and fatty foods or drinks should be known as one who would develop urinary abnormalities.

4. Pathogenesis

तस्य चैवंप्रवृत्तस्यापरिपक्वा एव वातपित्तश्लेष्माणो यदा मेदसा सहैकत्वमुपेत्य मूत्रवाहिस्रोतांस्यनुसृत्याधो गत्वा बस्तेर्मुखमा-श्रित्य निर्भिद्यन्ते तदा प्रमेहाञ्जनयन्ति ॥४॥

In such a person, when the immature *vāta*, *pitta* and *kapha* combine with *meda* and get unified they go downwards following the urine conducting channels and getting located at the neck of the bladder are excreted and thus produce urinary abnormalities.

5. Prodromal Features

तेषां तु पूर्वरूपाणि—हस्तपादतलदाहः स्निग्धपिच्छिलगुरुता गात्राणां मधुरशुक्लमूत्रता तन्द्रा सादः पिपासा दुर्गन्धश्च श्वासस्तालुगलजिह्वादन्तेषु मलोत्पत्तिर्जटिलीभावः केशानां वृद्धिश्च नखानाम् ॥५॥

Their prodromal features are :

Burning sensation in the palms and soles; oiliness, sliminess and heaviness in the limbs; sweetness and whitishness in the urine; drowsiness; lethargy; thirst; bad smell in the breath; production of deposits in the palate, throat, tongue and teeth; matting together of hairs; and increased growth of nails.

6. General Features

तत्राविलप्रभूतमूत्रलक्षणाः सर्व एव प्रमेहा भवन्ति ॥६॥

Turbidity and excessive urination are the symptoms present in all types of urinary abnormalities.

7. Aetiology

सर्व एव सर्वदोषसमुत्थाः सह पिडकाभिः ॥७॥

All (urinary abnormalities) are due to vitiation of all the *doṣas* together (*vāta*, *pitta* and *kapha*) as also are the associated furuncles.

8. Doṣawise Classification and Prognosis of Urinary Abnormalities

तत्र, कफादुदकेक्षुवालिकासुरासिकताशनैर्लवणपिष्टसान्द्रशुक्रफेनमेहा दश साध्याः दोषदूष्याणां समक्रियत्वात्; पित्तान्नीलहरिद्राम्लक्षारमञ्जिष्ठाशोणितमेहाः षड् याप्याः, दोषदूष्याणां विषमक्रियत्वात्; वातात् सर्पिर्वसाक्षौद्रहस्तिमेहाश्चत्वारोऽसाध्यतमाः, महात्ययिकत्वात् ॥८॥

Urinary Abnormalites due to Kapha

Udakameha, ikṣuvālikāmeha, surāmeha, sikatāmeha, śanairmeha, lavaṇameha, piṣṭameha, sāndrameha, śukrameha, and *phenameha;* these ten (urinary abnormalities) are due to (vitiated) *kapha* and they are curable because of the identical remedial measures which have to be employed both for the correction of (vitiated) *doṣas* as for the vitiated tissues (*dūṣya*).

Urinary Abnormalities due to Pitta

Nīlameha, haridrāmeha, amlameha, kṣārameha, mañjiṣṭhāmeha, and *raktameha*; these six (urinary abnormalities) are due to (vitiated) *pitta* and they are relievable only because of the remedial measures being dissimilar which have to be employed for the correction of (vitiated) *doṣas* and the tissues.

Urinary Abnormalities due to vāta

Sarpirmeha, vasāmeha, kṣaudrameha, and *hastimeha;* these four (urinary abnormalities) are due to (vitiated) *vāta* and they are incurable because of their being extremely serious.

9. The Doṣas in Relation to Urinary Abnormalities

तत्र वातपित्तमेदोभिरन्वितः श्लेष्मा श्लेष्मप्रमेहाञ्जनयति, वातकफशोणितमेदोभिरन्वितं पित्तं पित्तप्रमेहान्, कफपित्तवसामज्जमेदोभिरन्वितो वायुर्वातप्रमेहान् ॥९॥

Now, *kapha* in combination with *vāta, pitta* and *meda* produces the urinary abnormalities of *kaphaja* origin.

Pitta, in combination with *vāta, kapha, śoṇita* and *meda* produces the urinary abnormalities of *pitta* origin.

Vāyu, in combination with *kapha, pitta, vasā, majjā* and *meda* produces urinary abnormalities of *vāta* origin.

10. Clinical Features of Urinary Abnormalities due to Kapha

तत्र, श्वेतमवेदनमुदकसदृशमुदकमेही मेहति; इक्षुरसतुल्यमिक्षुवालिकामेही; सुरातुल्यं सुरामेही; सरुजं सिकतानुविद्धं सिकतामेही; शनैः सकफं मृत्स्नं शनैर्मेही; विशदं लवणतुल्यं लवणमेही; हृष्टरोमः पिष्टरसतुल्यं पिष्टमेही; आविलं सान्द्रं सान्द्रमेही; शुक्रतुल्यं शुक्रमेही; स्तोकं स्तोकं सफेनमच्छं फेनमेही मेहति ॥१०॥

One suffering from *udakameha* micturates whitish, watery (urine) without pain.

One suffering from *ikṣuvālikāmeha* (micturates urine) like sugarcane juice.

One suffering from *surāmeha* (micturates urine) like wine.

One suffering from *sikatāmeha* (micturates urine) with pain, mixed with gravel.

One suffering from *śanairmeha* slowly (micturates) mucoid muddy (urine).

One suffering from *lavaṇameha* (micturates) clear (urine) like saline water.

One suffering from *piṣṭameha*[1] has horripilation and (micturates urine) like water mixed with ground flour.

One suffering from *sāndrameha*. passes turbid and concentrated (urine).

One suffering from *śukrameha* passes (urine) similar to semen

One suffering from *phenameha* micturates clear and foamy urine in small quantities repeatedly.

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1. *Phosphaturia.*

11. Clinical Features of Urinary Abnormalities due to Pitta

अत ऊर्ध्वं पित्तनिमित्तान् वक्ष्यामः—सफेनमच्छं नीलं नीलमेही मेहति; सदाहं हरिद्राभं हरिद्रामेही; अम्लरसगन्धमम्लमेही; स्रुतक्षारप्रतिमं क्षारमेही; मञ्जिष्ठोदकप्रकाशं मञ्जिष्ठामेही; शोणितप्रकाशं शोणितमेही मेहति ॥११॥

Now we would hereafter describe the (urinary abnormalities) caused by (vitiated) *pitta.*

One suffering from *nīlameha* micturates foamy, clear and bluish (urine).

One suffering from *haridrāmeha* (passes urine) of turmeric colour alongwith burning pain.

One suffering from *amlameha* (passes urine) of sour taste and odour.

One suffering from *kṣārameha* (passes urine) like solution of alkalies.

One suffering from *mañjiṣṭhāmeha* (passes urine) like *mañjiṣṭhā* water.

One suffering from *śoṇitameha* passes urine like blood.

12. Clinical Features of Urinary Abnormalities due to Vāta

अत ऊर्ध्वं वातनिमित्तान् वक्ष्यामः—सर्पिःप्रकाशं सर्पिर्मेही मेहति; वसाप्रकाशं वसामेही; क्षौद्ररसवर्णं क्षौद्रमेही; मत्तमातङ्ग-वदनुप्रबन्धं हस्तिमेही मेहति ॥१२॥

Now we would hereafter describe the (urinary abnormalities) caused by (vitiated) *vāta.*

One suffering from *sarpirmeha* micturates urine like *ghee.*

One suffering from *vasāmeha*[1] (passes urine) like fat.

1. *Chyluria.*

One suffering from *kṣaudrameha* (passes urine) of the colour of honey.

One suffering from *hastimeha* (passes urine) unrestrained like an intoxicated elephant[1].

13. Doṣawise Complications of the Urinary Abnormalities

मक्षिकोपसर्पणमालस्यं मांसोपचयः प्रतिश्यायः शैथिल्यारोचकाविपाकाः कफप्रसेकच्छर्दिनिद्राकासश्वासाश्चेति श्लेष्मजानामुपद्रवाः; वृषणयोरवदरणं बस्तिभेदो मेढ्रतोदो हृदि शूलमम्लीकाज्वरातीसारारोचका वमथुः परिधूपनं दाहो मूर्च्छा पिपासा निद्रानाशः पाण्डुरोगः पीतविण्मूत्रनेत्रत्वं चेति पैत्तिकानां; हृद्ग्रहो लौल्यमनिद्रा स्तम्भः कम्पः शूलं बद्धपुरीषत्वं चेति वातजानाम् एवमेते विंशति प्रमेहाः सोपद्रवा व्याख्याताः ॥१३॥

The complications of urinary abnormalities, of *kapha* origin are : sitting of the flies[2], lassitude, muscular hypertrophy, corrhyza, lethargy, distaste for food, indigestion, mucous discharge, vomitting, (excessive) sleep, cough and breathlessness.

The complications of urinary abnormalities of *pitta* origin are : tearing sensation in both the testes, tearing sensation of urinary bladder, pricking pain in penis, precordial pain, sour eructations, fever, diarrhoea, distatse for food, vomiting, feeling of emission of fumes alround, burning sensation, unconciousness, thirst, insomnia, anaemia and yellowish discolouration of stool, urine and eyes.

The complications of urinary abnormalities of *vāta* origin are : constricting sensation in the precordium, craving for vary-

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1. *Copious urine without any control in an unbroken stream.*
2. *The patient's urine attracts flies.*

ing tastes, insomnia, rigidity, tremor, colics and constipation.

Thus these twenty urinary abnormalities alongwith their complications have been described.

14. Pathogenesis and Types of Associated Boils

तत्र वसामेदोभ्यामभिपन्नशरीरस्य त्रिभिर्दोषैश्चानुगतधातोः प्रमेहिणा दश पिडका जायन्ते । तद्यथा—शराविका, सर्षपिका, कच्छपिका, जालिनी, विनता, पुत्रिणी, मसूरिका, अलजी, विदारिका, विद्रधिका चेति ॥१४॥

Now the three vitiated *doṣas*, after spreading in the tissues with excessive fat and fatty tissues in patients suffering from urinary abnormalities, produce ten types of boils (*piḍakās*).

They are : *śarāvikā*, *sarṣapikā*, *kacchapikā*, *jālinī*, *vinatā*, *putriṇī*, *masūrikā*, *alajī*, *vidārikā*, and *vidradhikā*.

Clinical Features of Boils (15–19)

15. Śarāvikā and Sarṣapikā

शरावमात्रा तद्रूपा निम्नमध्या शराविका।
गौरसर्षपसंस्थाना तत्प्रमाणा च सार्षपी ॥१५॥

Śarāvikā is of the appearance and size of an earthen saucer with depression in the centre.

And *sarṣapikā* is of the shape and size of white mustard.

16. Kacchapikā and Jālinī

सदाहा कूर्मसंस्थाना ज्ञेया कच्छपिका बुधैः।
जालिनी तीव्रदाहा तु मांसजालसमावृता ॥१६॥

The *kacchapikā* should be known by the wise to be associated with burning sensation and to be of the shape of a tortoise.

Jālinī, on the other hand, has severe burning pain and is surrounded by a network of fleshy mass.

17. Vinatā and Putriṇī

महती पिडका नीला पिडका विनता स्मृता।
महत्यल्पाचिता ज्ञेया पिडका सा तु पुत्रिणी ॥१७॥

The *vinatā* boil is known to be the big and blue boil.

That boil which is big in size sorrounded by multiple small boils should be known as *putriṇī.*

18. Masūrikā and Alajī

मसूरसमसंस्थाना ज्ञेया सा तु मसूरिका।
रक्ता सिता स्फोटवती दारुणा त्वलजी भवेत् ॥१८॥

A (boil) similar to lentils should be known as *masūrikā* (boil).

And *alajī,* on the other hand, is reddish-white alongwith blisters and induration.

19. Vidārikā and Vidradhikā

विदारीकन्दवद्वृत्ता कठिना च विदारिका।
विद्रधेर्लक्षणैर्युक्ता ज्ञेया विद्रधिका बुधैः ॥१९॥

Vidārikā is round and hard like a gourd.

The boil which is associated with the features of an abscess should be known by the wise as *vidradhikā.*

20/1. Aetiology of Boils

ये यन्मयाः स्मृता मेहास्तेषामेतास्तु तत्कृताः।

The aetiological factors which are responsible for the urinary abnormalities are also the causes of these (boils).

20/2, 20/3. The Incurable Boils

गुदे हृदि शिरस्यंसे पृष्ठे मर्मणि चोत्थिताः।
सोपद्रवा दुर्बलाग्नेः पिडकाः परिवर्जयेत् ॥२०॥

The boils arising in the rectum, precordial region, head, shoulders, back and on the vital spots associated with complications in a person with weak digestive power should be discarded (from treatment, because of their incurability).

21. The Incurability of Boils of Vāta Origin

कृत्स्नं शरीरं निष्पीड्य मेदोमज्जवसायुतः।
अधः प्रक्रमते वायुस्तेनासाध्यास्तु वातजाः॥२१॥

The *vāyu* alongwith *meda*, *majjā*, and *vasā*, having gripped the body all over comes down; hence the boils of *vāta* origin are definitely incurable.

22, 23. Definition of Pramehī

प्रमेहपूर्वरूपाणामाकृतिर्यत्र दृश्यते।
किंचिच्चाप्यधिकं मूत्रं त प्रमेहिणमादिशेत्॥२२॥
कृत्स्नान्यर्धानि वा यस्मिन् पूर्वरूपाणि मानवे।
प्रवृत्तमूत्रमत्यर्थं तं प्रमेहिणमादिशेत्॥२३॥

In whomsoever the prodromal features of urinary abnormalities are seen and even if there is a slight increase in urine, he should be considered to be a *pramehī* (one suffering from urinary abnormalities).

In whomsoever person the prodromal features are present fully or partially and who has an excessive urination should be considered to be a *pramehī*.

24, 25. The Madhumehī (Diabetic)

पिडकापीडितं गाढमुपसृष्टमुपद्रवैः।
मधुमेहिनमाचष्टे स चासाध्यः प्रकीर्तितः॥२४॥
स चापि गमनात् स्थानं स्थानादासनमिच्छति।
आसनाद्वृणुते शय्यां शयनात् स्वप्नमिच्छति॥२५॥

One who is suffering from boils and has severe complications is called *madhumehī*[1] and that is considered incurable.

And he prefers to stand rather than move from place to place, prefers sitting to standing, lying down to sitting, and desires to sleep rather than lie down in bed.

26, 27. Further Considerations on the Pathogenesis of Prameha and Madhumeha

यथा हि वर्णानां पञ्चानामुत्कर्षापकर्षकृतेन संयोगविशेषेण शबलबभ्रुकपिलकपोतमेचकादीनां वर्णानामनेकेषामुत्पत्तिर्भवति,एवमेव दोषधातुमलाहारविशेषेणोत्कर्षापकर्षकृतेन संयोगविशेषण प्रमेहाणां नानाकरणं भवति ॥२६॥

भवति चात्र—

सर्व एव प्रमेहास्तु कालेनाप्रतिकुर्वतः।
मधुमेहत्वमायान्ति तदाऽसाध्या भवन्ति हि ॥२७॥

Just as by an increase or decrease of and by specific combinations of the five colours[2] various other colours like *śabala*, *babhru*, *kapila*, *kapota*, *mecaka* etc. are produced, similarly by specific increase or decrease of and by the specific combination of the *doṣas*, *dhātus*, *malas* and foods, various types of urinary abnormalities are produced.

The (following verse) has been quoted in this context :

All types of urinary abnormalities, if not treated in time develop *madhumeha* and then become incurable.

इति सुश्रुतसंहितायां निदानस्थाने प्रमेहनिदानं नाम षष्ठोऽध्याय. ॥६॥

Thus ends the sixth chapter entitled "Diagnosis of Urinary Abnormalities" of *Nidāna-Sthāna* of *Suśruta-Saṁhitā*.

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1. *One who passes sugar in urine.*
2. *White, green, black, yellow and red.*

S. S. II. 6

SUGGESTED RESEARCH PROBLEMS

1. A historical and comparative study of urinary disorders in other systems of medicine should be done.

2. An attempt could also be made to establish the identity of the clinical entities described here.

3. Some of the etiological factors are known predisposing causes of diabetes. The role of other factors in the aetiology of diabetes could also be clinically and experimentally studied (3).

4. Passage of sugar in urine has been remarkably considered as also the association of boils with it (10, 15). A comparative and correlative study regarding the earliest mention of their clinical features in other systems would be interesting and instructive.

5. The doṣawise complications (13) of urinary abnormalities should be identified with the modern clinical conditions and their importance in genito-urinary diseases brought to light.

निदान-स्थानम्
सप्तमोऽध्यायः

उदर-निदानम्

Diagnosis of Abdominal Enlargements

CHAPTER SEVEN
NIDĀNA-STHĀNA

S. S. II. 7

SUMMARY

This chapter deals with the etiology, clinical features and prognosis of abdominal enlargements. Eight types of abdominal swellings have been described. Ascites, hepato-and splenomegaly, intestinal obstruction and perforation have been sepcifically mentioned in addition to *doṣika* types (4).

Increased pressure of vitiated *doṣas* in the channels due to poor digestion and faulty conduct (5, 6) has been mentioned as the common etiological factor. General and specific clinical features of the three *doṣika* types have been described (7/2—11/1). Chronic poisoning (11/2—14/1) has been mentioned as the cause of *sannipātodara.*

Swelling in the left side has been mentioned to be caused by splenomegaly and on the right side due to hepatomegaly (14/2—16).

Among the features of intestinal obstruction faecal vomiting with abdominal distension has been emphasized (17—19/1). Further, foreign bodies causing intestinal perforation and leakage of its contents have been described as *parisrāvyudara* (19/1—21/1).

Clinical features of ascites including the eversion of umbilicus and fluctuation have been described. Ascites occuring as a complication or an end result of all abdominal disorders has been emphasized and mentioned as a bad prognostic sign (21/2—25).

सप्तमोऽध्यायः

Chapter Seven

1. अथात उदराणां निदानं व्याख्यास्यामः ॥१॥

Now we would expound upon "The Diagnosis of Abdominal Enlargements".

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*.

3. धन्वन्तरिर्धर्मभृतां वरिष्ठो राजर्षिरिन्द्रप्रतिमोऽभवद्यः।
ब्रह्मर्षिपुत्रं विनयोपपन्नं शिष्यं शुभं सुश्रुतमन्वशात् सः ॥३॥

Dhanvantari, greatest amongst the religious, sage amongst the kings and who was equal (in glory) to *Indra*, thus discoursed to the noble and modest student *Suśruta*, son of *Brahmarṣi*[1].

4. The Eight Types of Abdominal Enlargements

पृथक् समस्तैरपि चेह दोषैः प्लीहोदरं बद्धगुदं तथैव।
आगन्तुकं सप्तममष्टमं च दकोदरं चेति वदन्ति तानि ॥४॥

There are eight types of abodominal enlargements : those due to the three *doṣas* seperately (*vātodara, pittodara, kaphodara*), that due to all the vitiated *doṣas* together, *plīhodara*, and *baddhaguda*; *āgantuka* is the seventh and *dakodara* is the eighth one.

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1. *Sage Viśvāmitra.*

5-7/1. Aetiology and Pathogenesis

सुदुर्बलाग्नेरहिताशनस्य संशुष्कपूत्यन्ननिषेवणाद्वा।
स्नेहादिमिथ्याचरणाच्च जन्तोर्वृद्धिं गताः कोष्ठमभिप्रपन्नाः ॥५॥
गुल्माकृतिव्यञ्जितलक्षणानि कुर्वन्ति घोराण्युदराणि दोषाः।
कोष्ठादुपस्नेहवदन्नसारो निःसृत्य दुष्टोऽनिलवेगनुन्नः ॥६॥
त्वचः समुन्नम्य शनैः समन्ताद्विवर्धमानो जठरं करोति।

Due to partaking of non-beneficial diets and due to the use of dry and putrified foods by persons of extremely weak digestion and due to the faulty use of oleation etc.,[1] the *doṣas* get loacted in the abdomen, and having increased therein manifest symptoms of a rounded abdominal swelling[2] and cause severe abdominal diseases.

Aetiology of Distension of Abdomen in Abdominal Diseases

As oil percolates out of a new earthen pot[3], similarly the extract of digested food comes out of the abdominal organs due to the pressure of *vāta*, becomes vitiated and goes on increasing, and thus gradually increasing raises the skin all over and produces abdominal enlargement.

7/2, 8/1. Prodromal Features

तत्पूर्वरूपं बलवर्णकाङ्क्षावलीविनाशो जठरे हि राज्यः ॥७॥
जीर्णापरिज्ञानविदाहवत्यो बस्तौ रुजः पादगतश्च शोफः।

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1. *The pañcakarmas—snehana, svedana, vamana, virecana and āsthāpana.*

2. *Gulma literally means bush like swelling—the simile being that of a big rounded swelling.*

3. *Dalhaṇa.*

Their prodromal features are a diminution of strength and of complexion, loss of appetite, obliteration of abdominal folds, appearance of striae on the abdominal wall, inability to know when digestion is complete, burning sensation, pain in urinary bladder region and oedema over the feet.

8/2, 9/1. Vātodara

संगृह्य पार्श्वोदरपृष्ठनाभीर्यद्वर्धते कृष्णसिरावनद्धम् ॥८॥
सशूलमानाहवदुग्रशब्दं सतोदभेदं पवनात्मकं तत्।

When *vāta* increases after having got located in the sides, abdomen, back and umbilical region, prominence of bluish veins occurs and it produces loud noise with pain, as in meteorism alongwith pricking and tearing sensation, that (abdominal enlargement) is due to *vāta*.

9/2, 10/1. Pittodara

यच्चोषतृष्णाज्वरदाहयुक्तं पीतं सिरा भान्ति च यत्र पीताः ॥९॥
पीताक्षिविण्मूत्रनखाननस्य पित्तोदरं तत्त्वचिराभिवृद्धि।

When there is sucking pain, thirst, fever, burning sensation and yellow colouration, and when veins and complexion alongwith eyes, stool, urine, nail and face become yellow, it should be known as *pittodara* and it increases rapidly.

10/2, 11/1. Kaphodara

यच्छीतलं शुक्लसिरावनद्धं गुरु स्थिरं शुक्लनखाननस्य ॥१०॥
स्निग्धं महच्छोफयुतं ससादं कफोदरं तत्तु चिराभिवृद्धि।

When there is a feeling of coldness, prominence of white veins, feeling of heaviness, stasis, whiteness of the nails and face, sliminess, marked oedema and lassitude, it should be known as *kaphodara* and it increases slowly.

11/2—14/1 Sannipātodara

स्त्रियोऽन्नपानं नखरोममूत्रविडार्तवैर्युक्तमसाधुवृत्ताः ॥११॥
यस्मै प्रयच्छन्त्यरयो गरांश्च दुष्टाम्बुदूषीविषसेवनाद्वा ।
तेनाशु रक्तं कुपिताश्च दोषाः कुर्वन्ति घोरं जठरं त्रिलिङ्गम् ॥१२॥
तच्छीतवाताभ्रसमुद्भवेषु विशेषतः कुप्यति दह्यते च ।
स चातुरो मूर्च्छति संप्रसक्तं पाण्डुः कृशः शुष्यति तृष्णया च ॥१३॥
प्रकीर्तितं दूष्युदरंतु घोरं प्लीहोदरं कीर्तयतो निबोध ।

The blood and *doṣas* get vitiated soon and produce severe abdominal disorders (*sannipātodara*) with the symptoms of all the three *doṣas* in persons to whom women with unrighteous behaviour offer food and drinks mixed with nails, hairs, urine, faeces and menstrual fluid, and to whom enemies give '*gara*' poison or who use contaminated water or '*dūṣī*' poison.

That (disease) is aggravated and produces burning sensation specially during the cold, windy and cloudy weather. And that patient faints repeatedly, becomes anaemic, emaciated and dehydrated due to thirst. This is the description of severe *dūṣyudara*.

Now please listen to the description of *plīhodara*.

14/2—16. Plīhodara (and Yakṛddālyudara)

विदाह्यभिष्यन्दिरतस्य जन्तोः प्रदुष्टमत्यर्थमसृक् कफश्च ॥१४॥
प्लीहाभिवृद्धिं सततं करोति प्लीहोदरं तत् प्रवदन्ति तज्ज्ञाः ।
वामे च पार्श्वे परिवृद्धिमेति विशेषतः सीदति चातुरोऽत्र ॥१५॥
मन्दज्वराग्निः कफपित्तलिङ्गैरुपद्रुतः क्षीणबलोऽतिपाण्डुः ।
सव्येतरस्मिन् यकृति प्रदुष्टे ज्ञेयं यकृद्दाल्युदरं तदेव ॥१६॥

The blood and *kapha* get excessively vitiated in that person

who takes hot and *abhiṣyandi*[1] food, which then enlarges the spleen and that is said to be *plīhodara* by the learned.

It (spleen) increases on the left side (of the abdomen) and the patient in this disease gets fatigued particularly. Mild fever and weak digestion with the symptoms of *kapha* and *pitta* and loss of strength and severe anaemia occur.

If same features appear on the right side (of the abdomen) and the liver is involved, it should be known as *yakṛddālyudara*.

17—19/1. Baddhagudodara (Intestinal obstruction)

यस्यान्त्रमन्नैरुपलेपिभिर्वा बालाश्मभिर्वा सहितैः पृथग्वा।
संचीयते तत्र मलः सदोषः क्रमेण नाड्यामिव संकरो हि॥१७॥
निरुध्यते चास्य गुदे पुरीषं निरेति कृच्छ्रादपि चाल्पमल्पम्।
हृन्नाभिमध्ये परिवृद्धिमेति त(य)च्चोदरं विट्समगन्धिकं च॥१८॥
प्रच्छर्दयन् बद्धगुदी विभाव्यः, ततः परिस्राव्युदरं निबोध।

When food or slimy substances, hair or small stones gather collectively or separately in the intestines of the patient, the faeces alongwith the *doṣas* gradually accumulate in him like that in a drain.

The faeces then get obstructed in his rectum and even when it comes out, it is in very small amounts and with difficulty. It distends his abdomen between the precordium and umbilicus and faecal smell is present in the vomitus; this condition should be known as *baddhagudodara*.

Now please listen to the description of *parisrāvyudara*.

19/2—21/1. Parisrāvyudara (Āgantuka or Foriegn Bodies causing perforation)

शल्यं यदन्नोपहितं तदन्त्रं भिनत्ति यस्यागतमन्यथा वा॥१९॥

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1. *Moist, slimy and heavy foods which obstruct the channels e.g. yougurt.—Dalhaṇa.*

तस्मात् स्रुतोऽन्त्रात् सलिलप्रकाशः स्रावः स्रवेद्वै गुदतस्तु भूयः।
नाभेरधश्चोदरमेति वृद्धिं निस्तुद्यतेऽतीव विदह्यते च॥२०॥
एतत् परिस्राव्युदरं प्रदिष्टं दकोदरं कीर्तयतो निबोध।

When a foreign body taken alongwith food or otherwise lies abnormally it pierces the intestines. An exudation, like water, comes out of the patient's intestines and also a similar exudation is discharged from his rectum. This distends the abdomen below the umbilicus and causes severe pricking and burning sensation. This is called *parisrāvyudara.*

Now please listen to the description of *dakodara.*

21/2—23. Dakodara

यः।स्नेहपीतोऽप्यनुवासितो वा वान्तो विरिक्तोऽप्यथवा निरूढः॥२१॥
पिबेज्जलं शीतलमाशु तस्य स्रोतांसि दुष्यन्ति हि तद्वहानि।
स्नेहोपलिप्तेष्वथवाऽपि तेषु दकादरं पूर्ववदभ्युपैति॥२२॥
स्निग्धं महत् संपरिवृत्तनाभि भृशोन्नतं पूर्णमिवाम्बुना च।
यथा दृतिः क्षुभ्यति कम्पते च शब्दायते चापि दकोदरं तत्॥२३॥

The water carrying channels of the person, who drinks cold water soon after oleation, oily enemas, emesis, purgation or after taking enemas of medicated decoctions, get vitiated. And even if those (channels) are lined by oily substance, *dakodara* occurs as in the preceeding one (*parisrāvyudara*). The abdomen becomes very smooth, distends alround and the umbilicus gets definitely everted as if full of water. Just as a leather bag full of water and air shakes, fluctuates and makes sounds, similar features are produced in *dakodara.*

24. General Clinical Features

आध्मानं गमनेऽशक्तिदौर्बल्यं दुर्बलाग्निता।
शोफः सदनमङ्गानां सङ्गो वातपुरीषयोः।
दाहस्तृष्णा च सर्वेषु जठरेषु भवन्ति हि॥२४॥

Tympanitis, inability to walk, weakness, weak digestion, oedema, lassitude in the limbs, obstruction to the passage of flatus and faeces, burning and thirst occur in all types of abdominal diseases.

25. Terminal Ascites

अन्ते सलिलभावं हि भजन्ते जठराणि तु।
सर्वाण्येव परीपाकात्तदा तानि विवर्जयेत्॥२५॥

Water collects ultimately in all abdominal enlargements in due course of time and then the same should be discarded (from treatment).

इति सुश्रुतसंहितायां निदानस्थाने उदरनिदानं
नाम सप्तमोऽध्यायः ॥७॥

Thus ends the seventh chapter entitled "Diagnosis of Abdominal Enlargements" of *Nidāna-Sthāna* of *Suśruta-Saṁhitā*.

S.S.II.7

SUGGESTED RESEARCH PROBLEMS

1. A historical and comparative study of the concepts of splenomegaly, hepatomegaly, ascites, intestinal obstruction and perforation in other systems of medicine would be interesting.

2. Chronic food poisoning seems to be an important factor in the etiology of one of the types (11/2–14/1) and digestive impairment (5–6/1) has been mentioned a common factor of abdominal enlargements. The concepts are interesting and may be worthwhile studying clinically and experimentally, specially in ascites of obscure origin.

निदान-स्थानम्
अष्टमोऽध्याय

मूढगर्भ-निदानम्
Diagnosis of Abnormal Foetal Presentations

CHAPTER EIGHT
NIDĀNA-STHĀNA

S.S.II.8

SUMMARY

This chapter deals with the etiology, clinical features and prognosis of various forms of foetal malpresentations.

According to some authorities there are four types of foetal malpresentations (4), whereas its classification into eight varieties is more rational according to *Suśruta* (5). The description includes breech, transverse and other malpresentaions (4, 5). The lower extremity and breech presentations have been mentioned as incurable as well as those associated with other general complications e.g. convulsion and puerperal sepsis (6).

Normal labour has been compared to falling down of a ripe fruit (7, 8). Abortion occurs upto 4th month and miscarriage up to 6th month (9, 10).

Clinical features of grave import to the mother and foetus have been described (11, 12). Disease of the mother has been mentioned as the cause of death of the foetus (13).

Delivery of the foetus by caesarian section (14) was indicated in the extreme conditions of the mother to save the foetus.

अष्टमोऽध्यायः

Chapter Eight

1. अथातो मूढगर्भनिदानं व्याख्यास्यामः ॥१॥

Now we would expound upon "The Diagnosis of Abnormal Foetal Presentations".

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari.*

3. Aetiology and Definition

ग्राम्यधर्मयानवाहनाध्वगमनप्रस्खलनप्रपतनप्रपीडनधावनाभिघात-विषमशयनासनोपवासवेगाभिघातातिरूक्षकटुतिक्तभोजनशोकातिक्षार-सेवनातिसारवमनविरेचनप्रेङ्खोलनाजीर्णगर्भशातनप्रभृतिभिर्विशेषैर्बन्ध-नान्मुच्यते गर्भः, फलमिव वृन्तबन्धनादभिघातविशेषैः; स विमुक्तबन्धनो गर्भाशयमतिक्रम्य यकृत्प्लीहान्त्रविवरैरवस्रंसमानः कोष्ठसंक्षोभमापादयति, तस्या जठरसंक्षोभाद्वायुरपानो मूढः पार्श्व-बस्तिशीर्षोदरयोनिशूलानाहमूत्रसङ्गानामन्यतममापाद्य गर्भं च्यावयति तरुणं शोणितस्रावेण; तमेव कदाचिद्विवृद्धमसम्यगागतमपत्यपथमनु-प्राप्तमनिरस्यमानं विगुणापानसंमोहितं गर्भं मूढगर्भमित्याचक्षते ॥३॥

Sexual intercourse, use of a vehicle, riding, walking on foot, slipping, falling, compression, running, trauma, use of an uneven bed or seat, fasting, suppression of nature's calls, excessively dry, acrid and bitter diet, grief, excessive use of alkalies, diarrhoea, vomiting, purgatives, swinging, indigestion, use of abortifacients etc; these causes specially release the foetus from its supports just as a fruit gets specifically severed off from its stalk by a blow. The (foetus), having been

released from its supports, leaves the uterus and getting through the space between the liver, spleen and the intestines, produces agitation in the abdomen. In her, (the mother), due to agitation in the abdomen, the *apāna vāyu* becomes abnormal and having produced any one of these symptoms, such as pain in the sides, bladder region, abdomen or vagina and severe constipation or retention of urine, causes abortion of the young foetus alongwith discharge of blood. If the same (foetus) sometimes increases in size, travels to the foetal passage abnormally and does not come out, as well as gets stupified, because of vitiation of *apāna vāyu*, then that foetus is called a *mūḍhagarbha*[1].

4. Four Types of Mūḍhagarbhas

ततः कीलः प्रतिखुरो बीजकः परिघ इति। तत्र, ऊर्ध्वबाहुशिरःपादो यो योनिमुखं निरुणद्धि कील इव स कीलः; निःसृतहस्तपादशिराः कायसङ्गी प्रतिखुरः; यो निर्गच्छत्येकशिरोभुजः स बीजकः; यस्तु परिघ इव योनिमुखमावृत्य तिष्ठति स परिघः; इति चतुर्विधो भवतीत्येके भाषन्ते। तत्तु न सम्यक्; कस्मात्? स यदा विगुणानिलप्रपीडितोऽपत्यपथमनेकधा प्रपद्यते तदा संख्या हीयते॥४॥

Kīla, *pratikhura*, *bījaka* and *parigha* are the types of *mūḍhagarbhas* (described by some). That foetus is *kīla* in which the upper extremeties and the head and feet point upwards and which obstructs the mouth of vagina like a peg.

When the hands, feet and head come out and the body remains inside—that is called *pratikhura*.

Bījaka is that in which the head and one limb are out.

That in which the foetus is situated at the mouth of vagina having covered it like an iron bar used for closing the door is called *parigha*.

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1. *Mūḍhagarbha literally means a motionless foetus.*

Thus some describe four types of *mūḍhagarbhas*. That is not correct. Why so ? Because, the (foetus) gets compressed by the opposite acting *vāyu* and presents in the foetal passage in numerous ways and thus the numerical figure (of four) is quite insufficent.

5. The Eight Types of Mūḍhagarbhas.

तत्र, कश्चिद्द्वाभ्यां सक्थिभ्यां योनिमुखं प्रतिपद्यते; कश्चिदाभुग्नकसक्थिरेकेन; कश्चिदाभुग्नसक्थिशरीरः स्फिग्देशेन तिर्यगागतः; कश्चिदुरःपार्श्वपृष्ठानामन्यतमेन योनिद्वारं पिधायावतिष्ठते; अन्तः पार्श्वापवृत्तशिराः कश्चिदेकेन बाहुना; कश्चिदाभुग्नशिरा बाहुद्वयेन; कश्चिदाभुग्नमध्यो हस्तपादशिरोभिः; कश्चिदेकेन सक्थ्ना योनिमुखं प्रतिपद्यतेऽपरेण पायुम्; इत्यष्टविधा मूढगर्भगतिरुद्दिष्टा समासेन ।।५।।

Out of them some present at the vaginal opening by the two lower limbs; some by one lower limb, the other one being flexed; some come out with both the lower limbs flexed over the body and the buttocks presenting obliquely; and some present by either chest, sides or back covering the vaginal exit.

Some present by an arm only with the head flexed and turned to the sides; some present by both arms with the head bent; some present by the hands, feet and head with the trunk flexed; and some present at the opening of vagina by one lower limb and the other pointing towards (the mother's) anus. Thus the eight modes of presentations of *mūḍhagarbhas* have been described briefly.

6. Prognosis

तत्र द्वावन्त्यावसाध्यौ मूढगर्भौ, शेषानपि विपरीतेन्द्रियार्थाक्षेपकयोनिभ्रंशसंवरणमक्कल्लश्वासकासभ्रमनिपीडितान् परिहरेत् ।।६।।

Out of them, the last two types of *mūḍhagarbhas* are incurable.

The rest also should be discarded (from treatment) if the mother has abnormal sensory perceptions, is troubled by convulsions, vaginal prolapse or retraction, or has puerperal sepsis,[1] asthma, cough or mental confusion.

7, 8. Normal Labour

भवन्ति चात्र—
कालस्य परिणामेन मुक्तं वृन्ताद्यथा फलम्।
प्रपद्यते स्वभावेन नान्यथा पतितुं ध्रुवम् ॥७॥
एवं कालप्रकर्षेण मुक्तो नाडीनिबन्धनात्।
गर्भाशयस्थो यो गर्भो जननाय प्रपद्यते ॥८॥

The following verses have been quoted here :

As by nature a fruit falls from its stalk upon maturation and certainly does not drop in any other way, similarly in due course of time the foetus, having been released from the supports of the cord, starts to come out for delivery from its location within the uterus.

9, 10. Abortion and Miscarriage

कृमिवाताभिघातैस्तु तदेवोपद्रुतं फलम्।
पतत्यकालेऽपि यथा तथा स्याद्गर्भविच्युतिः ॥९॥
आचतुर्थात्ततो मासात् प्रस्रवेद्गर्भविच्युतिः।
ततः स्थिरशरीरस्य पातः पञ्चमषष्ठयोः ॥१०॥

As a fruit affected by organisms, wind or trauma falls untimely, similarly a foetus can also be expelled (untimely).

Upto the fourth month (of pregnancy) the foetus is aborted; thereafter in the fifth and sixth months the well formed body is miscarried.

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1. Ref. to S.S.II.9.26, 27.

11. Signs of Imminent Death

प्रविध्यति शिरो या तु शीताङ्गी निरपत्रपा।
नीलोद्धतसिरा हन्ति सा गर्भं स च तां तथा॥११॥

The (mother) who is constantly shaking her head and whose body feels cold or that woman who is shameless[1] or has prominent bluish veins kills the foetus; so also the foetus kills her.

12. Signs of a Dead Foetus

गर्भास्पन्दनमावीनां प्रणाशः श्यावपाण्डुता।
भवत्युच्छ्वासपूतित्वं शूलं चान्तर्मृते शिशौ॥१२॥

Stoppage of foetal heart and labour pains, occurence of cyanosis or palor, foetid odour in the breath and pain occur after the death of the foetus.

13. Causes of Foetal Death

मानसागन्तुभिर्मातुरुपतापैः प्रपीडितः।
गर्भो व्यापद्यते कुक्षौ व्याधिभिश्च प्रपीडितः॥१३॥

If the mother is suffering from mental or traumatic diseases or from other diseases the foetus dies within the womb.

14. Caesarian Section

बस्तमारविपन्नायाः कुक्षिः प्रस्पन्दते यदि।
तत्क्षणाज्जन्मकाले तं पाटयित्वोद्धरेद्भिषक्॥१४॥

If the beatings are still there in the womb (of the mother)

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1. *The woman who is not conscious to cover her body with clothes even when naked in presence of others.*

in labour suffering as a dying goat, the physician should deliver out the foetus immediately, after opening the abdomen.

इति सुश्रुतसंहितायां निदानस्थाने मूढगर्भनिदानं नामाष्टमोऽध्यायः ॥ ८ ॥

Thus ends the eighth chapter entitled "Diagnosis of Abnormal Foetal Presentations" of the *Nidāna-Sthāna* of *Suśruta Saṁhitā*".

S. S. II. 8

SUGGESTED RESEARCH PROBLEMS

1. A historical and comparative study on the obstetrical practice as described here and in other systems of medicine would be interesting, as it seems to have been in an advanced stage of knowledge at the time of *Suśruta.*

2. The various etiological factors (3) mentioned as the causes of foetal malpresentation may be worth investigating as also a correlative study of the various types of malpresentations (4, 5) with the modern concepts.

3. A historical and comparative study on caesarian section (14), specially about its indications, would be worthwhile in view of its being such a common practice.

निदान-स्थानम्

नवमोऽध्यायः

विद्रधि-निदानम्

Diagnosis of Abscesses

CHAPTER NINE

NIDĀNA-STHĀNA

S.S.II.9

SUMMARY

This chapter deals with the etiology, pathogenesis and clinical features of abscesses.

Six types of external abscesses including the traumatic variety have been described (4–14). Pathogenesis and specific clinical features of internal abscesses according to the site involved have been dealt with in brief (15–22). Spontaneous drainage per anus or outside through the skin has been taken for a better prognosis whereas their drainage through upper passages such as the mouth and nose has been mentioned as of bad prognosis (23–25). Clinical features of puerperal sepsis have been described (26–28). The severe pain and toxaemia of actue osteomyelitis has been vividly described including the formation of cloacae (34/2–38).

Differential diagnosis of an intra-abdominal abscess and a gaseous swelling has been given in detail with special reference to etiology, pathogenesis and clinical features (28—33). Absence of suppuration has been mentioned as an important feature of *gulma* (gaseous swelling).

नवमोऽध्यायः

Chapter Nine

1. अथातो विद्रधीनां निदानं व्याख्यास्यामः ॥१॥

Now we would expound upon "The Diagnosis of Abscesses."

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari.*

3. Lord Dhanvantari Discourses

सर्वामरगुरुः श्रीमान्निमित्तान्तरभूमिपः।
शिष्यायोवाच निखिलमिदं विद्रधिलक्षणम् ॥३॥

The revered amongst all the Gods, the most respected Lord *Dhanvantari* who had come on earth as a king with a specific purpose (to discourse on (*Āyurveda*) spoke to his disciple (*Suśruta*) all the following clinical features of an abscess.

4–6. Pathogenesis and Classification

त्वग्रक्तमांसमेदांसि प्रदूष्यास्थिसमाश्रिताः।
दोषाः शोफं शनैर्घोरं जनयन्त्युच्छ्रिता भृशम् ॥४॥
महामूलं रुजावन्तं वृत्तं चाप्यथवाऽऽयतम्।
तमाहुर्विद्रधिं धीरा, विज्ञेयः स च षड्विधः ॥५॥
पृथग्दोषैः समस्तैश्च क्षतेनाप्यसृजा तथा।
षण्णामपि हि तेषां तु लक्षणं संप्रवक्ष्यते ॥६॥

The vitiated *doṣas* located in the bones afflict the skin, blood, muscles and fat and gradually produce excessively severe inflammatory swelling.

The swelling (described above) which is broad based, painful and round or else elongated is known by the wise physician as an abscess and it is known to be of six types.

The six types are those due to individual *doṣas* (*vāta, pitta* and *kapha*), and all together (all the *doṣas* mixed together), that due to trauma and that due to *śoṇita.* Clinical features of all these six types are now described.

7. Vātika Abscess

कृष्णोऽरुणो वा परुषो भृशमत्यर्थवेदनः।
चित्रोत्थानप्रपाकश्च विद्रधिर्वातसंभवः॥७॥

The *vātika* abscess is black, red or rough and produces excessively severe pain. There are a variety of ways in which it can begin and suppurate.

8. पक्वोदुम्बरसङ्काशः श्यावो वा ज्वरदाहवान्।
क्षिप्रोत्थानप्रपाकश्च विद्रधिः पित्तसंभवः॥८॥

The *pitta* abscess is like the ripe fruit of *udumbara,* is blackish, produces fever and burning sensation, has a sudden onset and suppurates quickly.

9. Kaphaja Abscess

शरावसदृशः पाण्डुः शीतः स्तब्धोऽल्पवेदनः।
चिरोत्थानप्रपाकश्च सकण्डुश्च कफोत्थितः॥९॥

Abscess produced due to *kapha* arises and suppurates late, is associated with itching, appears like an earthen saucer, is whitish, cold, indurated and has mild pain.

10/1. Characteristics of Discharges

तनुपीतसिताश्चैषामास्रावाः क्रमशः स्मृताः।

The discharges of these three are known to be thin, yellowish and whitish respectively.

10/2—11/1. Abscess due to Combination of the Doṣas

नानावर्णरुजास्रावो घाटालो विषमो महान् ॥१०॥
विषमं पच्यते चापि विद्रधिः सान्निपातिकः ।

And the abscess due to a combination of the *doṣas* suppurates irregularly, has multiple colours, pain and discharge, is raised, irregular and extensive.

11/2—13/1. Traumatic Abscess

तैस्तैर्भावैरभिहते क्षते चाऽपथ्यसेविनः ॥११॥
क्षतोष्मा वायु विसृतः सरक्तं पित्तमीरयेत् ।
ज्वरस्तृष्णा च दाहश्च जायते तस्य देहिनः ॥१२॥
एष विद्रधिरागन्तुः पित्तविद्रधिलक्षणः ।

Those who indulge in unsalutary diets and habits, if get a (closed) injury or an open wound caused by their respective agents, in them *vāyu* induces heat of the injury to vitiate *pitta* alongwith *śoṇita*.

Fever, thirst, and burning are produced in his body. This is an abscess due to trauma and has the clinical features of a *paittika* abscess.

13/2—14/1. Raktaja Abscess

कृष्णस्फोटावृत्तः श्यावस्तीव्रदा हरुजाज्वरः ॥१३॥
पित्तविद्रधिलिङ्गस्तु रक्तविद्रधिरुच्यते ।

That is called a *raktaja* abscess which is covered by black blisters, is blackish, has severe burrning, pain and fever and has the features of a *pittaja* abscess also.

14/2. Prognosis

उक्ता विद्रधयो ह्येते तेष्वसाध्यस्तु सर्वजः ॥१४॥

Out of the abscesses mentioned above, the one caused by combination of the *doṣas* is incurable; (rest are curable).

15—17/1 Etiology of Internal Abscesses

आभ्यन्तरानतस्तूर्ध्वं विद्रधीन् परिचक्षते।
गुर्वसात्म्यविरुद्धान्नशुष्कसंसृष्टभोजनात् ॥१५॥
अतिव्यवायव्यायामवेगाघातविदाहिभिः।
पृथक् संभूय वा दोषाः कुपिता गुल्मरूपिणम् ॥१६॥
वल्मीकवत्समुन्नद्धमन्तः कुर्वन्ति विद्रधिम्।

Hereafter, the internal abscesses are described.

Due to taking of heavy, unsuitable, incompatible, dry, and contaminated foods, due to excessive indulgence in sexual intercourse and exercise, due to suppression of nature's calls, and due to the use of hot substances, the *doṣas* get vitiated singly or in combination and produce internal abscess of the shape of a (bush like) tumour elevated like an anthill.

17/2—19/1. Sites and Clinical Features of Internal Abscesses

गुदे बस्तिमुखे नाभ्यां कुक्षौ वङ्क्षणयोस्तथा ॥१७॥
वृक्कयोर्यकृति प्लीह्नि हृदये क्लोम्नि वा तथा।
तेषां लिङ्गानि जानीयाद्बाह्यविद्रधिलक्षणैः ॥१८॥
आमपक्वैषणीयाच्च पक्वापक्वं विनिर्दिशेत्।

They occur in the rectum, mouth of the bladder, umbilicus, both flanks, groins and kidneys, liver, spleen, heart and the *kloma*.[1] Their features should knowqən as those of external

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1. *Usually accepted as pancreas.*

abscesses. The (distinguishing) features between a ripe and an unripe abscess should be known according to the description of (the chapter on) "The Unripe and Ripe Abscesses"[1].

19/2–22. Specific Features of Abscesses According to the Site of Lesion

अधिष्ठानविशेषेण लिङ्गं श्रृणु विशेषतः ॥१९॥
गुदे वातनिरोधस्तु बस्तौ कृच्छ्रालपमूत्रता ।
नाभ्यां हिक्का तथाऽऽटोपः कुक्षौ मारुतकोपनम् ॥२०॥
कटीपृष्ठग्रहस्तीव्रो वङ्क्षणोत्थे तु विद्रधौ ।
वृक्कयोः पार्श्वसङ्कोचः प्लीह्नयुच्छ्वासावरोधनम् ॥२१॥
सर्वाङ्गप्रग्रहस्तीव्रो हृदि शूलश्च दारुणः ।
श्वासो यकृति तृष्णा च पिपासा क्लोमजेऽधिका ॥२२॥

Now please listen to their special features according to the sites involved.

If (the internal abscess is situated) in the rectum obstruction to flatus occurs; if in the bladder dysuria and oliguria occur; if in the umbilical region hiccough and borborygmi occur; if (the abscess is) in the flanks the *vāta* gets vitiated.

If the abscess is in the groins severe catch in the waist and back occurs; if in the kidneys contraction of the sides[2] and if the abscess is in spleen, obstruction to the breath occurs.

If (the abscess occurs in) the heart, excessive pain and feeling of severe rigidity occurs all over the body; if in liver breathlessness and thirst occur; whereas if (the abscess is) in the *kloma* thirst is more in evidence.

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1. *S.S.I.*17.

2. *Scoliosis occurs in nephrogenic and perinephric abscesses with concavity of the spine towards the affected kidney.*

23–25. Prognosis

आमो वा यदि वा पक्वो महान् वा यदि वेतरः।
सर्वो मर्मोत्थितश्चापि विद्रधिः कष्ट उच्यते ॥२३॥
नाभेरुपरिजाः पक्वा यान्त्यूर्ध्वमितरे त्वधः।
जीवत्यधो निःस्रुतेषु स्रुतेषूर्ध्वं न जीवति ॥२४॥
हृन्नाभिबस्तिवर्ज्या ये तेषु भिन्नेषु बाह्यतः।
जीवेत् कदाचित् पुरुषो नेतरेषु कदाचन ॥२५॥

All the abscesses arising from the vital parts are difficult to treat irrespective of their being unripe or ripe and big or small.

The abscesses situated above the level of umbilicus on suppuration spread upwards, and the others situated below the umbilicus spread downwards; if they burst downwards the patient lives, whereas if they burst upwards, he does not live.

The patients, except those with abscesses in the heart, umbilicus and bladder may sometimes live if the abscesses burst outwards but never otherwise.[1]

26—27 Makkalla Raktavidradhi (Puerperal Sepsis)

स्त्रीणामपप्रजातानां प्रजातानां तथाऽहितैः।
दाहज्वरकरो घोरो जायते रक्तविद्रधिः ॥२६॥
अपि सम्यक्प्रजातानामसृक् कायादनिःसृतम्।
रक्तजं विद्रधिं कुर्यात् कुक्षौ मक्कल्लसंज्ञितम् ॥२७॥

Women who have had abortions or full-term normal delivery and who indulge in unsalutary diets and habits get a dangerous type of abscess of blood origin accompanied with burning sensation and fever.

1. *They would die if the abscesses burst internally.*

Even if the delivery is normal but if the blood does not come out of the body, it causes abscess of blood origin in the flanks and is called *makkalla.*

28/1. सप्ताहान्नोपशान्तश्चेत्ततोऽसौ संप्रपच्यते ।

If this does not subside in a week's time, it suppurates.

28/2–33. Diffierentiation between Gulma and Abscess

विशेषमथ वक्ष्यामि स्पष्टं विद्रधिगुल्मयोः ॥२८॥
गुल्मदोषसमुत्थानाद्विद्रधेर्गुल्मकस्य च ।
कस्मान्न पच्यते गुल्मो विद्रधिः पाकमेति च ॥२९॥
न निबन्धोऽस्ति गुल्मानां विद्रधिः सनिबन्धनः ।
गुल्माकाराः स्वयं दोषा विद्रधिर्मांसशोणिते ॥३०॥
विवरानुचरो ग्रन्थिरप्सु बुद्बुदको यथा ।
एवं प्रकारो गुल्मस्तु तस्मात् पाकं न गच्छति ॥३१॥
मांसशोणितबाहुल्यात् पाकं गच्छति विद्रधिः ।
मांसशोणितहीनत्वाद्गुल्मः पाकं न गच्छति ॥३२॥
गुल्मस्तिष्ठति दोषे स्वे विद्रधिर्मांसशोणिते ।
विद्रधिः पच्यते तस्माद्गुल्मश्चापि न पच्यते ॥३३॥

Now I would discourse on differentiation between *gulma* (a gaseous swelling of the abdomen) and an abscess for clarity.

As both *gulma* and the abscess occur because of aggravation of similar *doṣas* and similar etiology why is it that *gulma* does not suppurate whereas an abscess does so ?

The *gulmas* are without any base whereas the abscesses are with it; the vitiated *doṣas* themselves form into the shape of a *gulma* whereas the abscesses are confined to muscles and blood.

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8. *A dangerous abscess in the abdomen (peculiar to lying in women)* (*M.W.p.*771/3).

A *gulma* is just like a knobbly swelling of water bubble moving within the (abdominal) cavity, hence it does not undergo suppuration.

The abscess proceeds to suppuration because of preponderance of muscles and blood. The *gulma* does not proceed to suppuration due to lack of muscles and blood.

The *gulma* is situated within its own *doṣas* whereas the abscess is in the muscles and blood; therefore the abscess suppurates and the *gulma* does not suppurate.

34/1. The Incurable Abscesses

हृन्नाभिबस्तिजः पक्वो वर्ज्यो यश्च त्रिदोषजः।

Suppurations occuring in the heart, umbilicus and urinary bladder and also those due to a combination of the three *doṣas* should be discarded (from treatment).

34/2–38. Osteomyelitis

अथ मज्जपरीपाको घोरः समुपजायते ॥३४॥
सोऽस्थिमांसनिरोधेन द्वारं न लभते यदा।
ततः स व्याधिना तेन ज्वलनेनेव दह्यते ॥३५॥
अस्थिमज्जोष्मणा तेन शीर्यते दह्यमानवत्।
विकारः शल्यभूतोऽयं क्लेशयेदातुरं चिरम् ॥३६॥
अथास्य कर्मणा व्याधिर्द्वारं तु लभते यदा।
ततो मेदःप्रभं स्निग्धं शुक्लं शीतमथो गुरु ॥३७॥
भिन्नेऽस्थ्नि निःस्रवेत् पूयमेतदस्थिगतं विदुः।
विद्रधिं शास्त्रकुशलाः सर्वदोषरुजावहम् ॥३८॥

Now (sometimes) the bone marrow gets suppurated severely. When it (the suppuration) does not gain an exit due to obstruction of bone and muscles in this disease the patient feels burning sensation like (being burnt in) a fire.

He withers as if being burnt due to the heat of the bone and bone marrow.

This (sequestrum) disease like a foreign body troubles the patient for a long time.

Now when this disease gets an outlet by the indicated management, a slimy, white, cold and heavy pus which is fat like is discharged. This is known as bone abscess by the experts in this science and is due to vitiation of all the *doṣas* and is painful.

इति सुश्रुतसंहितायां निदानस्थाने विद्रधिनिदानं
नाम नवमोऽध्यायः ॥ ९ ॥

Thus ends the ninth chapter entitled "Diagnosis of Abscesses" of the *Nidāna-Sthāna* of *Suśruta-Saṁhitā*.

S. S. II. 9

SUGGESTED RESEARCH PROBLEMS

1. A historical and comparative study of the classifications, aetiology and pathogenesis of abscesses in different systems of medicine would be instructive.

2. It may be worthwhile to look into the etiological (4—17/1) factors mentioned which may be predisposing to infection, the accepted cause of abscesses today.

3. A historical and comparative study on internal abscesses (15—27) could be done.

4. Clinical study of the prognostic signs (23—25) regarding the drainage of internal abscesses mentioned here may be carried out.

5. *Gulma* (abdominal gaseous swelling) has been described here and in other *Āyurvedika* texts as well. It may well be to clarify this clinical syndrome on the basis of the available descriptions and correlate them with the clinical conditions recognised today (28/2—33).

6. A study on osteomyelitis (34/2—38) in various systems of medicine would be of value from the historical point of view.

निदान-स्थानम्

दशमोऽध्याय:

विसर्प-नाडी-स्तनरोग-निदानम्

Diagnosis of Spreading Cellulitis, Sinuses and Breast Diseases

CHAPTER TEN

NIDĀNA-STHĀNA

S.S.II.10

SUMMARY

This chapter deals with the etiology, pathogenesis, and clinical features of the various types of cellulitis, sinuses and breast diseases. Spreading nature of cellulitis has been emphasised (3). Four types due to *doṣas* individually or combined and one of traumatic origin (4—7) have been described. Blister formation, black coloration of the limbs, necrosis and destruction of the muscles etc., and high fever with other signs of toxaemia have been mentioned indicating bad prognosis (8).

Sinuses have been compared with a drain (tubular structure); improper drainage of pus and retention of foriegn bodies have been mentioned as the main causes of sinuses (9, 10). Eight varieties of sinuses including one due to foreign bodies have been classified (11—14). Classification has been based on types of discharges and general symptoms.

Breast diseases have been mentioned to be similar to that of sinuses and occur only in the pregnant and lactating women (15—17). Milk secretion has been compared to secretion of semen in men dependent upon specific mental and physical stimulation (18—23/1). Physical characteristics of normal and vitiated milk have been described (23/2—25). Clinical features of breast abscesses have been mentioned as similar to those of external abscesses (26, 27).

दशमोऽध्यायः

Chapter Ten

1. अथातो विसर्पनाडीस्तनरोगनिदानं व्याख्यास्यामः ॥१॥

Now we would expound upon "The Diagnosis of Spreading Cellulitis, Sinuses and Breast Diseases".

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*.

3. Aetiology of Cellulitis

त्वङ्मांसशोणितगताः कुपितास्तु दोषाः
सर्वाङ्गसारिणमिहास्थितमात्मलिङ्गम्।
कुर्वन्ति विस्तृतमनुन्नतमाशु शोफं
तं सर्वतो विसरणाच्च विसर्पमाहुः ॥३॥

The *doṣas* located in the skin, muscles and blood getting vitiated, spread into all parts of the body without getting localised and produce characteristic symptoms. They quickly produce widespread and unelevated inflammation. Because of its (inflammation) spreading nature all over it is called *visarpa* (spreading cellulitis).[1]

4. Cellulitis of Vāta Origin

वातात्मकोऽसितमृदुः परुषोऽङ्गमर्द-
संभेदतोदपवनज्वरलिङ्गयुक्तः।

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1. *Commonly regarded as erysipelas.*

गण्डैर्यदा तु विषमैरतिदूषितत्वा-
द्युक्तः स एव कथितः खलु वर्जनीयः ॥४॥

The (cellulitis) of *vāta* origin is black and soft or rough, is accompanied with bodyache, tearing sensation, pricking sensation and with the features of *vāta* fever. It is said that when the *doṣas* get excessively vitiated blisters[1] of varied characteristics develop and that should then be discarded (from treatment).

5. Cellulitis of Pitta Origin

पित्तात्मको द्रुतगतिर्ज्वरदाहपाक-
स्फोटप्रभेदबहुलः क्षतजप्रकाशः।
दोषप्रवृद्धिहतमांससिरो यदा स्यात्
स्रोतोजकर्दमनिभो न तदा स सिध्येत् ॥५॥

(Cellulitis) of *pitta* origin progresses rapidly, has fever, burning sensation, suppuration, tearing sensation, numerous blisters and is reddish like blood. When the muscles and vessels get destroyed by the aggravated *doṣa* and the colour becomes muddy, like collyrium, that cellulitis beccmes incurablc.

6/1. Cellulitis of Kapha origin

श्लेष्मात्मकः सरति मन्दमशीघ्रपाकः
स्निग्धः सितश्वयथुरल्परुगुग्रकण्डुः।

(Cellulitis) of *kapha* origin spreads slowly, suppurates late, is smooth and whitish, is associated with oedema, mild pain and severe itching.

6/2. Cellulitis due to Combined Doṣas

सर्वात्मकस्त्रिविधवर्णरुजोऽवगाढः
पक्वो न सिध्यति च मांससिराप्रशातात् ॥६॥

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1. *Blisters as produced by fire cautery.*

Cellulitis due to vitiation of all (the three) *doṣas* together has the colour and characteristic pains of the three together, is based internally and is incurable upon suppuration; it is also incurable when the muscles and vessels have been destroyed.

7. Cellulitis of Traumatic Origin

सद्यः क्षतव्रणमुपेत्य नरस्य पित्तं
रक्तं च दोषबहुलस्य करोति शोफम् ।
श्यावं सलोहितमतिज्वरदाहपाकं
स्फोटैः कुलत्थसदृशैरसितैश्च कीर्णम् ॥७॥

The *pitta* and *rakta* afflicting a traumatic ulcer of recent origin in a person having excess of the (vitiated) *doṣas* produce inflammation. This is black, reddish, is associated with high fever, burning sensation, suppuration, and has blisters all over which are blackish like the lentils of *kulattha.*

8. Prognosis

सिध्यन्ति वातकफपित्तकृता विसर्पाः
सर्वात्मकः क्षतकृतश्च न सिद्धिमेति ।
पैत्तानिलावपि च दर्शितपूर्वलिङ्गौ
सर्वे च मर्मसु भवन्ति हि कृच्छ्रसाध्याः ॥८॥

Cellulitis due to *vāta*, *kapha*, or *pitta* is curable, whereas those due to all of them together and the traumatic ones are incurable. The (cellulitis) due to *pitta* and also that due to *vāta* with the features mentioned before[1] and all those which occur over the vital parts are curable with difficulty.

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1. *Such as blisters in vāta and destruction of muscles and vessels in pitta types.*

9, 10. Sinuses

शोफं न पक्वमिति पक्वमुपेक्षते यो
यो वा व्रणं प्रचुरपूयमसाधुवृत्तः।
अभ्यन्तरं प्रविशति प्रविदार्य तस्य
स्थानानि पूर्वविहितानि ततः स पूयः॥९॥
तस्यातिमात्रगमनाद्गतिरित्यतश्च
नाडीव यद्वहति तेन मता तु नाडी।
दोषैस्त्रिभिर्भवति सा पृथगेकशश्च
संमूर्च्छितैरपि च शल्यनिमित्ततोऽन्या॥१०॥

The irresponsible person who mistakes a suppurated inflammation for an unripe one (deliberately), ignores a suppurated one, or when he allows a lot of pus to accumulate in an ulcer, then that pus having entered into his aforesaid tissues[1], penetrates inside.

Because of its copious flow, it is known as *gati* (track) and as it flows like a drain, it is opined as *nāḍī* (sinus). That is caused by a combined action of the three *doṣas* or due to each one of them seperately, and also due to two together only. The others are due to foreign bodies.

11. Sinuses due to Vāta and Pitta

तत्रानिलात् परुषसूक्ष्ममुखी सशूला
फेनानुविद्धमधिकं स्रवति क्षपायाम्।
तृट्तापतोदसदनज्वरभेदहेतुः
पीतं स्रवत्यधिकमुष्णमहःसु पित्तात्॥११॥

The (sinuses) due to *vāta* are rough, have a narrow opening and are associated with pain and excessive foam mixed discharge which occurs more at night.

1. *Skin, muscle and blood.*

The (sinuses) due to *pitta* are associated with thirst, burning, pricking sensation, lethargy, fever, and tearing sensation; their discharge is yellow, excessive, hot and occurs during the day.

12. Sinuses due to Kapha and Those due to a Combination of two Doṣas Together

ज्ञेया कफाद्बहुघनार्जुनपिच्छिलास्रा
रात्रिस्रुतिः स्तिमितरुक्कठिना सकण्डूः।
दोषद्वयाभिहितलक्षणदर्शनेन
तिस्रो गतीर्व्यतिकरप्रभवास्तु विद्यात्॥१२॥

Sinuses due to *kapha* should be known by a very thick, whitish and slimy discharge occuring at nights; these are associated with mild pain and severe itching.

Three types[1] of sinuses due to a combination of two (*doṣas*) should be known by the characteristic features of two *doṣas* concerned.

13. Sinuses due to Combination of the three Vitiated Doṣas

दाहज्वरश्वसनमूर्च्छनवक्त्रशोषा
यस्यां भवन्त्यभिहितानि च लक्षणानि।
तामादिशेत् पवनपित्तकफप्रकोपा-
द्घोरामसुक्षयकरीमिव कालरात्रिम्॥१३॥

(The patient) in whom the features of burning, fever, breathlessness, fainting and dryness of the mouth occur should be known to be suffering from vitiation of *vāta*, *pitta* and *kapha* together; it is fatal like the night of death itself.

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1. *Vāta-pitta, pitta-kapha and kapha-vāta.*

14. Sinuses due to Foreign Body

नष्टं कथंचिदनुमार्गमुदीरितेषु
स्थानेषु शल्यमचिरेण गतिं करोति।
सा फेनिलं मथितमच्छमसृग्विमिश्र-
मुष्णं स्रवेत सहसा सरुजा च नित्यम्॥१४॥

In case, the foriegn body gets lost at the sites mentioned earlier it quickly produces a sinus locally. Its discharge comes out suddenly along with foam as if churned, is serosanguinous and hot, and is associated with a continuous pain.

15—17. Aetiology and Types of Breast Diseases

यावत्यो गतयो यैश्च कारणैः संभवन्ति हि।
तावन्तः स्तनरोगाः स्युः स्त्रीणां तैरेव हेतुभिः॥१५॥
धमन्यः संवृतद्वारा कन्यानां स्तनसंश्रिताः।
दोषाविसरणात्तासां न भवन्ति स्तनामयाः॥१६॥
तासामेव प्रजातानां गर्भिणीनां च ताः पुनः।
स्वभावादेव विवृता जायन्ते संभवन्त्यतः॥१७॥

Whatever are the types and the causes of *gati* (track, sinuses), the same are the types and causes of breast diseases in women.

The exits (openings) of the ducts located in the breasts of girls are closed; thus the *doṣas* cannot spread and hence breast diseases do not occur in them.

The (breast diseases) are possible only in those women who have delivered and in the pregnant, as the same (ducts) open out physiologically (in them).

18—23/1. Physiology of Milk Secretion

रसप्रसादो मधुरः पक्वाहारनिमित्तजः।
कृत्स्नदेहात् स्तनौ प्राप्तः स्तन्यमित्यभिधीयते॥१८॥

विशस्तेष्वपि गात्रेषु यथा शुक्रं न दृश्यते।
सर्वदेहाश्रितत्वाच्च शुक्रलक्षणमुच्यते ॥१९॥
तदेव चेष्टयुवतेर्दर्शनात् स्मरणादपि।
शब्दसंश्रवणात् स्पर्शात् संहर्षाच्च प्रवर्तते ॥२०॥
सुप्रसन्नं मनस्तत्र हर्षणे हेतुरुच्यते।
आहाररसयोनित्वादेवं स्तन्यमपि स्त्रियाः ॥२१॥
तदेवापत्यसंस्पर्शाद्दर्शनात् स्मरणादपि।
ग्रहणाच्च शरीरस्य शुक्रवत् संप्रवर्तते ॥२२॥
स्नेहो निरन्तरस्तत्र प्रस्रवे हेतुरुच्यते।

The sweet part of the essence of the well digested food getting into the breast from all over the body is called milk.

As *śukra* (semen) cannot be visualized even when all parts of body are dissected, (similarly) because of its being spread all over the body (milk) is known to have the characteristics similar to *śukra*. The same (*śukra*) is induced by seeing, remembering, hearing the voice of, touching and necking with the desired woman. There, the seminal emission is considered to be caused by fully satisfied mind.

Milk is produced in women similar to that of *śukra* (in men), originating from the food extracts and induced due to touching, seeing, remembering or taking the child into laps. Here constant affection has been mentioned to be the cause of (milk) discharge.

23/2, 24. Features of Milk Produced due to Vitiated Doṣas

तत् कषायं भवेद्वातात् क्षिप्तं च प्लवतेऽम्भसि ॥२३॥
पित्तादम्लं सकटुकं राज्योऽम्भसि च पीतिकाः।
कफाद्धनं पिच्छिलं च जले चाप्यवसीदति।
सर्वैर्दुष्टैः सर्वलिङ्गमभिघाताच्च दुष्यति ॥२४॥

When vitiated by *vāta*, it (the milk) becomes astringent and floats when thrown in water; when vitiated by *pitta*, it becomes acidic and bitter and yellowish lines are produced (when thrown) in water; when vitiated by *kapha*, it becomes thick and slimy and sinks in water; and when vitiated by all the *doṣas* or by trauma, features of all the *doṣas* are produced.

25. Qualities of Normal Milk

यत् क्षीरमुदके क्षिप्तमेकोभवति पाण्डुरम्।
मधुरं चाविवर्णं च प्रसन्नं तद्विनिर्दिशेत्॥२५॥

The milk which when thrown in water becomes one with it, which is white, sweet, and without any discolouration is to be regarded as normal.

26, 27. Pathogenesis and Clinical Features of Breast Abscess

सक्षीरौ वाऽप्यदुग्धौ वा प्राप्य दोषः स्तनौ स्त्रियाः।
रक्तं मांसं च सन्दूष्य स्तनरोगाय कल्पते॥२६॥
पञ्चानामपि तेषां तु हित्वा शोणितविद्रधिम्।
लक्षणानि समानानि बाह्यविद्रधिलक्षणैः॥२७॥

The *doṣas* having reached the breasts of women, whether lactating or non-lactating, and then having vitiated the blood and muscles produce diseases of breast.

Except for the *śoṇita* abscess, the clinical features of all these five (breast diseases) are like the manifestations of external abscesses.

इति सुश्रुतसंहितायां निदानस्थाने विसर्पनाडीस्तनरोगनिदानं
नाम दशमोऽध्यायः ॥ १० ॥

Thus ends the tenth chapter entitled "Diagnosis of Spreading Cellulitis, Sinuses and Breast Diseases" of *Nidāna-Sthāna* of *Suśruta-Saṁhitā*.

S.S.II.10

SUGGESTED RESEARCH PROBLEMS

1. A historical and comparative study to elucidate the mysterious reasoning of including cellulitis, sinuses and breast diseases at one place (S.S.II.10) may be interesting.

2. Cellulitis (3—8) could very well have been erysipelas; mention of traumatic variety further supports this view. A historical study to find out the first recorded description of this disease may bring out new facts.

3. A study to work out the different types of cellulitis (4—8) and correlate them with the clinical conditions and modern terminology may be illuminating; it may be possible to find out the different aetiological agents for these.

4. Similar historical and comparative study of sinuses (9—14) and study to correlate them and the specific discharge with modern clinical terminology may be undertaken.

5. An attempt should be made to find out the system who emphasized first that the breast ducts in girls are not open (16) and hence diseases do not afflict this organ in them.

6. Physiology and pathology of breast milk as mentioned (18—25) would be worth elucidating further.

निदान-स्थानम्
एकादशोऽध्यायः

ग्रन्थ्यपच्यर्बुद-गलगण्डानां निदानम्

Diagnosis of Glandular Swellings, Cervical Lymphadenopathy, Tumours and Goitres

CHAPTER ELEVEN
NIDĀNA-STHĀNA

S. S. II. 11

SUMMARY

This chapter deals with the etiology, pathogenesis and clinical features of glandular swellings, lymphadenitis, tumours and goitres.

Circular knotted inflammatory swellings have been defined as *granthis* (3); five types of these have been described (4–9). The description of *granthi* caused by *meda* could be that of a sebaceous cyst or a lipoma (7). Swellings connected with the blood vessels have also been included (8, 9).

Lymphadenitis occuring in the cervical and axillary regions have been described as *apacī* (10-12). Matted character of lymph nodes has been aptly compared to spawn of the fish and its chronic course has been well emphasized (10-12).

Non-suppurating, slow growing and circular swellings with little pain have been defined as *arbuda* (tumours) (13-15/1); six types of these have been described. Multiple tumour formation has been described as of bad prognostic sign (20).

Goitres (22-29) have been described as swellings occuring in the neck with the bilobed shape of a scrotum. Three varieties of goitres have been described. Goitres causing dyspnoea, emaciation and hoarseness of voice (thyroid carcinoma) have been mentioned as incurable. Some features of myxoedema, retrosternal goitre and thyrotoxicosis have also been mentioned.

एकादशोऽध्यायः

Chapter Eleven

1. अथातो ग्रन्थपच्यर्बुदगलगण्डानां निदानं व्याख्यास्यामः ॥१॥

Now we would expound upon" The Diagnosis of Glandular Swellings, Cervical Lymphadenopathy, Tumours and Goitres".

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*.

3. Pathogenesis of Granthi (Glandular Swelling, Cyst etc.)

वातादयो मांसमसृक् च दुष्टाः संदूष्य मेदश्च कफानुविद्धम् ।
वृत्तोन्नतं विग्रथितं तु शोफं कुर्वन्त्यतो ग्रन्थिरिति प्रदिष्टः ॥३॥

When the deranged *vāta* etc. vitiate the *māṁsa, śoṇita* and *meda* mixed up with *kapha* they produce circular, raised and knotted inflammatory swellings called *granthi.*

4. Vātika Granthi

आयम्यते व्यथ्यत एति तोदं प्रत्यस्यते कृत्यत एति भेदम् ।
कृष्णोऽमृदुर्बस्तिरिवाततश्च भिन्नः स्रवेच्चानिलजोऽस्रमच्छम् ॥४॥

The granthi of *vāta* origin produces a feeling of stretching, pain, pricking and (falling) as if being thrown and also cutting and tearing pains. It is black and hard and is like a bladder distended with air and when burst, discharges sero-sanguinous fluid.

5. Paittika Granthi

दन्दह्यते धूप्यति चूष्यते च पापच्यते प्रज्वलतीव चापि।
रक्तः सपीतोऽप्यथवाऽपि पित्ताद्भिन्नः स्रवेदुष्णमतीव चास्रम् ॥५॥

And the *granthi* due to *pitta* produces a sensation of severe burning, fuming, sucking, throbbing and as if being burnt to ashes. It is red and/or yellow and when burst, discharges hot and excessive amount of blood.

6. Kaphaja Granthi

शीतोऽविवर्णोऽल्परुजोऽतिकण्डूः पाषाणवत् संहननोपपन्नः।
चिराभिवृद्धिश्च कफप्रकोपाद्भिन्नः स्रवेच्छुक्लघनं च पूयम् ॥६॥

The (*granthi*) due to vitiation of *kapha* produces a cold swelling without any discolouration associated with mild pain and excessive itching having the consistency of a stone.

It increases slowly and when burst, white and thick pus is discharged.

7. Meda Granthi[1]

शरीरवृद्धिक्षयवृद्धिहानिः स्निग्धो महानल्परुजोऽतिकण्डूः।
मेदःकृतो गच्छति चात्र भिन्ने पिण्याकसर्पिः प्रतिमं तु मेदः ॥७॥

The (*granthi*) due to *medas* increases or decreases according to the increase or decrease of (fat) in the body; it is smooth, big in size and is associated with mild pain and excessive itching; and when burst it discharges fat which is similar to oil-cake and *ghee*.

8, 9. Sirāja Granthi (Swelling of Vascular Origin)

व्यायामजातैरबलस्य तैस्तैराक्षिप्य वायुर्हि सिराप्रतानम्।
संपीड्य सङ्कोच्य विशोष्य चापि ग्रन्थिं करोत्युन्नतमाशु वृत्तम् ॥८॥

1. *Lipoma; ? Sebaceaus Cyst.*

ग्रन्थिः सिराजः स तु कृच्छ्रसाध्यो भवेद्यदि स्यात् सरुजश्चलश्च।
अरुक् स एवाप्यचलो महांश्च मर्मोत्थितश्चापि विवर्जनीयः ॥९॥

A weak person who undertakes excessive exercise gets his network of veins affected due to *vāyu* which in turn compresses, squeezes and dries it up and produces *granthi* quickly which is raised and circular.

The *granthi*, originating in the veins becomes curable with difficulty, if it is associated with pain and is mobile. If it is painless, and also fixed, big in size and situated over the vital spots, it should be discarded (from treatment).

10–12. Apacī (Cervical and Axillary Lymphadenitis)

हन्वस्थिकक्षाक्षकबाहुसन्धिमन्यागलेषूपचितं तु मेदः।
ग्रन्थिं स्थिरं वृत्तमथायतं वा स्निग्धं कफश्चाल्परुजं करोति ॥१०॥
तं ग्रन्थिभिस्त्वामलकास्थिमात्रैर्मत्स्याण्डजालप्रतिमैस्तथाऽन्यैः।
अनन्यवर्णैरुपचीयमानं चयप्रकर्षादपचीं वदन्ति ॥११॥
कण्डूयुतास्तेऽल्परुजः प्रभिन्नाः स्रवन्ति नश्यन्ति भवन्ति चान्ये।
मेदः कफाभ्यां खलु रोग एष सुदुस्तरो वर्षगणानुबन्धी ॥१२॥

The *medas* and *kapha* collected in the regions of mandible, axilla, clavicle, shoulder joint, posterior and anterior cervical regions produce *granthis* which are fixed, extensive, circular in shape, smooth and associated with mild pain.

Some of these swellings are of the size of kernel of *āmalaka* while others are like the spawn of fish in shape. They are of the same colour (as skin) and are progressively increasing and because of the continuous growth they are called *apacī*.

They are associated with itching and mild pain; when burst they discharge, and disappear while others appear. This disease caused by *medas* and *kapha* is difficult to treat and lasts for several years.

13–15/1. Tumour

गात्रप्रदेशे क्वचिदेव दोषाः संमूर्च्छिता मांसमभिप्रदूष्य।
वृत्तं स्थिरं मन्दरुजं महान्तमनल्पमूलं चिरवृद्ध्यपाकम् ॥१३॥
कुर्वन्ति मांसोपचयं तु शोफं तमर्बुदं शास्त्रविदो वदन्ति।
वातेन पित्तेन कफेन चापि रक्तेन मांसेन च मेदसा च ॥१४॥
तज्जायते तस्य च लक्षणानि ग्रन्थेः समानानि सदा भवन्ति।

The *doṣas* having got vitiated in any part of the body and afflicting the *māṁsa* produce swelling in the latter. This (lesion) is circular, fixed, slightly painful, big in size, broad based, slowly growing and it does not suppurate; the same is called *arbuda* by the experts of this science. This is produced by (vitiated) *vāta, pitta* and *kapha* and by *rakta* and *māṁsa* and also by *medas*. Its clinical features are always like that of *granthi*.

15/2–17/1. Raktārbuda

दोषः प्रदुष्टो रुधिरं सिरास्तु संपीड्य सङ्कोच्य गतस्त्वपाकम् ॥१५॥
सास्रावमुन्नह्यति मांसपिण्डं मांसाङ्कुरैराचितमाशुवृद्धिम्।
स्रवत्यजस्रं रुधिरं प्रदुष्टमसाध्यमेतद्रुधिरात्मकं स्यात् ॥१६॥
रक्तक्षयोपद्रवपीडितत्वात् पाण्डुर्भवेत् सोऽर्बुदपीडितस्तु।

The vitiated *doṣas* compressing and contracting the *śoṇita* and vessels without undergoing suppuration and alongwith the discharge make the muscular lumps prominent. This is studded with fleshy buds and increases rapidly. This continuously discharges vitiated blood and is incurable and is known as *raktārbuda*. Becuase of the complication of haemorrhage the patient with this tumour becomes anaemic.

17/2–19. Māṁsārbuda

मुष्टिप्रहारादिभिरर्दितेऽङ्गे मांसं प्रदुष्टं प्रकरोति शोफम् ॥१७॥
अवेदनं स्निग्धमनन्यवर्णमपाकमश्मोपममप्रचाल्यम्।
प्रदुष्टमांसस्य नरस्य बाढमेतद्भवेन्मांसपरायणस्य ॥१८॥

मांसार्बुदं त्वेतदसाध्यमुक्तं साध्येष्वपीमानि विवर्जयेत्तु ।
संप्रस्रुतं मर्मणि यच्च जातं स्रोतःसु वा यच्च भवेदचाल्यम् ॥१९॥

Due to fist blows etc. the muscles of injured parts get vitiated and swollen. This is painless and smooth, is of the same colour (as skin), is non-suppurating, is like a stone and is fixed. This vitiated muscle increases much more in the non-vegetarian. This is *mamsārbuda* and is said to be incurable. Even out of those which are curable, those which discharge, those situated over the vital parts or over the *srotasas* and those which become fixed, should be discarded from treatment.

20. Multiple Tumours

यज्जायतेऽन्यत् खलु पूर्वजाते ज्ञेयं तदध्यर्बुदमर्बुदज्ञैः ।
यद्द्वन्द्वजातं युगपत् क्रमाद्वा द्विरर्बुदं तच्च भवेदसाध्यम् ॥२०॥

When another tumour grows over the pre-existing one, that is known as *adhyarbuda* by the oncologist. When two tumours grow simultaneously or one after the other, that is called *dvirarbuda*, and both these are incurable.

21. Non-suppuration of Tumours

न पाकमायान्ति कफाधिकत्वान्मेदोबहुत्वाच्च विशेषतस्तु ।
दोषस्थिरत्वाद् ग्रथनाच्च तेषां सर्वार्बुदान्येव निसर्गतस्तु ॥२१॥

All tumours by nature do not undergo suppuration because of preponderance of *kapha* in them and specially because of the preponderance of *medas* and also because of the immobilization and knotting of the *doṣas* in them.

22. Goitre

वातः कफश्चैव गले प्रवृद्धौ मन्ये तु संसृत्य तथैव मेदः ।
कुर्वन्ति गण्डं क्रमशः स्वलिङ्गैः समन्वितं तं गलगण्डमाहुः ॥२२॥

Vāta and *kapha* having aggravated in the neck and having accumulated in *manyā* and alongwith *medas* produce glandular enlargements with their characteristic symptoms. It is known as goitre (*galagaṇḍa*).

23, 24. Vātika Goitre

तोदान्वितः कृष्णसिरावनद्धः कृष्णोऽरुणो वा पवनात्मकस्तु।
मेदान्वितश्चोपचितश्च कालाद्भवेदतिस्निग्धतरोऽरुजश्च॥२३॥
पारुष्ययुक्तश्चिरवृद्धपाको यदृच्छया पाकमियात् कदाचित्।
वैरस्यमास्यस्य च तस्य जन्तोर्भवेत्तथा तालुगलप्रशोषः॥२४॥

The goitre originating due to (vitiated) *vāta* is black or red, is associated with pricking pain and is full of blackish veins. And when *medas* combines with it or collects there in due course of time, the same (goitre) becomes very smooth and painless.

It is hard, increases gradually in size and does not suppurate; however, it rarely suppurates for unknown reasons. Loss cf taste in the mouth and dryness of palate and throat occur in that person.

25, 26/1. Kaphaja Goitre

स्थिरः सवर्णोऽल्परुगुग्रकण्डूः शीतो महांश्चापि कफात्मकस्तु।
चिराभिवृद्धिं कुरुते चिराच्च प्रपच्यते मन्दरुजः कदाचित्॥२५॥
माधुर्यमास्यस्य च तस्य जन्तोर्भवेत्तथा तालुगलप्रलेपः।

The goirte due to (vitiated) kapha is fixed, is of the same colour as skin, has mild pain and excessive itching. It is cold and big in size, increases slowly and after a long time, rarely suppurates and has mild pain. Taste of the mouth becomes sweet in that person and the palate and throat feel as if pasted.

26/2—27. Medaja Goitre

स्निग्धो मृदुः पाण्डुरनिष्टगन्धो मेदःकृतो नीरुगथातिकण्डूः॥२६॥

प्रलम्बतेऽलाबुवदल्पमूलो देहानुरूपक्षयवृद्धियुक्तः ।
स्निग्धास्यता तस्य भवेच्च जन्तोर्गलेऽनुशब्दं कुरुते च नित्यम् ॥२७॥

The goitre due to *meda* is smooth, soft, pale, has an offensive odour, is painless and has excessive itching. It hangs down like a gourd, with a narrow base, and its increase or decrease in size occurs corresponding to that of the body (in general). Stickiness of the mouth occurs in that person and a continuous sound is produced from his throat.[1]

28. The Incurable Goitre

कृच्छ्राच्छ्वसन्तं मृदुसर्वगात्रं संवत्सरातीतमरोचकार्तम् ।
क्षीणं च वैद्यो गलगण्डिनं तु भिन्नस्वरं चैव विवर्जयेत्तु ॥२८॥

The patient of goitre who breathes with difficulty, whose whole body has become flaccid[2], whose disease has lasted more than a year, who has anorexia, is emaciated[3] and has hoarseness of voice[4] should be discarded from treatment by the clinician.

29. Definition of Goitre

निबद्धः श्वयथुर्यस्य मुष्कवल्लम्बते गले ।
महान् वा यदि वा ह्रस्वो गलगण्डं तमादिशेत् ॥२९॥

Goitre has been defined as the swelling, big or small, which hangs like scrotum in the neck.

इति सुश्रुतसंहितायां निदानस्थाने गलगण्डगण्डमालापच्यर्बुदनिदानं नामैकादशोऽध्यायः ॥११॥

Thus ends the eleventh chapter entitled "Diagnosis of Glandular Swellings, Cervical Lymphadenopathy, Tumours and Goitres" of the *Nidāna-Sthāna* of *Suśruta-Saṁhitā*.

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1. *Stridor as a pressure symptom from tracheal compression due to retrosternal or massive goitre.*
2. ? *Myxoedematous.*
3. ? *Thyrotoxicosis.*
4. ? *Recurrent laryngeal nerve involvement due to carcinoma.*

S. S. II. 11

SUGGESTED RESEARCH PROBLEMS

1. A historical and comparative study of the diseases mentioned in this chapter e.g. tumours, goitres, lymphadenitis etc. with other systems of medicine should be done.

2. *Doṣika* etiology (13-19) of the formation of tumours could be studied with benefit. Exact cause of neoplastic growth is largely unknown yet.

3. A study of the *doṣika* etiology (22-27) in the formation of idiopathic goitre or thyroid swellings could be carried out.

4. A study could be undertaken to establish the clinical identity of the diseases mentioned in this chapter.

निदान-स्थानम्
द्वादशोऽध्यायः

वृद्ध्युपदंश-श्लीपदानां निदानम्
Diagnosis of Scrotal Swellings, Venereal Diseases and Elephantiasis

CHAPTER TWELVE
NIDĀNA-STHĀNA

S. S. II. 12

SUMMARY

This chapter deals with the etiology, pathogenesis and clinical features of scrotal swellings, venereal diseases and elephantiasis.

Pathogenesis and prodromal symptoms of seven types of scrotal and inguinoscrotal swellings (3-5) have been described including hydrocele, filarial scrotum and hernia. The descent of intestines into the scrotum and its reduction with a gurgling sound has been emphasized among the clinical features of hernia as also sudden increase of intra-abdominal pressure as an important etiological factor (6).

Five types of venereal diseases (7-9) have been described. The description includes various types (8) of specific as also nonspecific lesions of the genitals. Unhygeinic conditions of the genitals and physical trauma also have been mentioned as etiological factors (7).

Three *doṣika* types of elephantiasis have been described (10), although predominance of *kapha* in all types has been emphasized. It has been mentioned that elephantiasis was endemic in marshy lands which is significant (14). Elephantiasis of hands has also been described (15). Chronic elephantiasis of more than one year's duration has been considered incurable (12).

द्वादशोऽध्यायः

Chapter Twelve

1. अथातो वृद्ध्युपदंशश्लीपदानां निदानं व्याख्यास्यामः ॥१॥

Now we would expound upon "The Diagnosis of Scrotal Swellings, Venereal Diseases and Elephantiasis".

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*.

3, 4. Scrotal Swellings: Pathogenesis

वातपित्तश्लेष्मशोणितमेदोमूत्रान्त्रनिमित्ताः सप्तवृद्धयो भवन्ति। तासां मूत्रान्त्रनिमित्ते वृद्धी वातसमुत्थे, केवलमुत्पत्तिहेतुरन्यतमः ॥३॥ अधः प्रकुपितोऽन्यतमो हि दोषः फलकोशवाहिनीरभिप्रपद्य धमनीः फलकोषयोर्वृद्धिं जनयति, तां वृद्धिमित्याचक्षते ॥४॥

The seven types of scrotal swellings (*vṛddhi*) are due to *vāta*, *pitta*, *kapha*, *śoṇita*, *meda*, *mūtra* and *āntra*. Out of them, the scrotal swellings due to *mūtra* (urine) and *āntra* (intestines) are also associated with increased *vāta*, the only difference being in their immediate aetiological factors[1].

Any one of the *doṣas* having got vitiated in the lower[2] portion, enters the channels of scrotum and produces its swelling: the same is called *vṛddhi*.

---

1. *Urine like fluid in mūtra-vṛddhi (hydrocele) and intestines in āntravṛddhi (hernia).*

2. *Lower half of abdomen.*

5. Prodromal Features

तासां भविष्यतीनां पूर्वरूपाणि—बस्तिकटीमुष्कमेढ्रेषु वेदना मारुतनिग्रहः फलकोशशोफश्चेति ॥५॥

Their prodromal features would be: pain in the bladder, waist, testes and penis, obstruction to passage of flatus and swelling of scrotum.

6. Clinical Features

तत्रानिलपरिपूर्णां बस्तिमिवाततां परुषामनिमित्तानिलरुजां वातवृद्धिमाचक्षते; पक्वोदुम्बरसङ्काशां ज्वरदाहोष्मवतीं चाशुसमुत्थानपाकां पित्तवृद्धिं; कठिनामल्पवेदनां शीतां कण्डूमतीं श्लेष्मवृद्धिं; कृष्णस्फोटावृतां पित्तवृद्धिलिङ्गां रक्तवृद्धिं, मृदुस्निग्धां कण्डूमतीमल्पवेदनां तालफलप्रकाशां मेदोवृद्धिं; मूत्रसंधारणशीलस्य मूत्रवृद्धिर्भवति, सा गच्छतोऽम्बुपूर्णा दृतिरिव क्षुभ्यति मूत्रकृच्छ्रवेदनां वृषणयोः श्वयथुं कोशयोश्चापादयति, तां मूत्रवृद्धिं विद्यात्; भारहरणबलवद्विग्रहवृक्षप्रपतनादिभिरायासविशेषैर्वायुरभिप्रवृद्धः प्रकुपितश्च स्थूलान्त्रस्येतरस्य चैकदेशं विगुणमादायाधो गत्वा वङ्क्षणसन्धिमुपेत्य ग्रन्थिरूपेण स्थित्वाऽप्रतिक्रियमाणे च कालान्तरेण फलकोशं प्रविश्य मुष्कशोफमापादयति, आध्मातो बस्तिरिवाततः प्रदीर्घः स शोफो भवति, सशब्दमवपीडितश्चोर्ध्वमुपैति, विमुक्तश्च पुनराध्मायते, तामन्त्रवृद्धिमसाध्यामित्याचक्षते ॥६॥

(i) That (swelling) which is distended like a bladder full of air, is hard and which produces *vātaja* pains without any reason is the scrotal swelling of *vāta* origin.

(ii) That which is coloured like a ripe *udumbara* fruit, is associated with fever, burning, hot sensation and which appears and gets inflammed quickly is the scrotal swelling of *pitta* origin[1].

---

1. ? *Acute epididymo-orchitis.*

(iii) That which is hard, has mild pain, is cold and is itching is the scrotal swelling of *śleṣma* origin.[1]

(iv) That which is soft, glossy and itching with mild pain, and which shines like palm fruit is the scrotal swelling of *meda* origin.[2]

(v) That which is covered with blackish blisters and is associated with the features of *pittaja vṛddhi* is the scrotal swelling of *rakta* origin.[3]

(vi) *Mūtraja* scrotal swelling occurs in them who habitually withhold urine; it swings like a water drum while walking and dysuria, pain in both the testes and oedema in the scrotum are produced; that is known as the scrotal swelling due to *mūtra*.[4]

(vii) Due to carrying heavy weights, fighting with stronger opponent, fall from a tree etc. and other special strains, the *vāta* gets vitiated and aggravated and having afflicted a part of the large bowel or of the other one (small bowel) goes down and reaches the hip joint regions[5]; then remaining there like a glandular swelling it enters the scrotum like a distended bladder. On sqeezing it goes up (reduces) with a gurgling noise and on releasing, it again swells (reappears). This is called hernia (*āntravṛddhi*) and is incurable.[6]

7. Venereal Diseases : Pathogenesis

तत्रातिमैथुनादतिब्रह्मचर्याद्वा तथाऽतिब्रह्मचारिणीं चिरोत्सृष्टां रजस्वलां दीर्घरोमां कर्कशरोमां सङ्कीर्णरोमां निगूढरोमामल्पद्वारां

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1. ? *Chronic epididymo-orchitis.*
2. *Haematocele.*
3. ? *Filarial scrotum.*
4. *Hydrocele.*
5. *Inguinal region.*
6. *Inguinal hernia.*

महाद्वारामप्रियामकामामचौक्षसलिलप्रक्षालितयोनिमप्रक्षालितयोनिं योनिरोगोपसृष्टां स्वभावतो वा दुष्टयोनिं वियोनिं वा नारीमत्यर्थ-मुपसेवमानस्य तथा करजदशनविषशूकनिपातनाद्बन्धनाद्धस्ताभि-घाताच्चतुष्पदीगमनादचौक्षसलिलप्रक्षालनादवपीडनाच्छुक्रवेगविधारणा-न्मैथुनान्ते वाऽप्रक्षालनादिभिर्मेढ्रमागम्य प्रकुपिता दोषाः क्षतेऽक्षते वा श्वयथुमुपजनयन्ति, तमुपदंशमित्याचक्षते ॥७॥

Due to excessive sexual intercourse, or due to prolonged celibacy, intercourse with a woman observing excessive abstinence[1] or with one who has been discarded (by her folks) for a long time, or with a woman who is menstruating, who has long hairs[2], rough hairs, dense hairs or who has hairs in the internal parts, or with one whose vaginal orifice is too small or too large, or with one who is not loved or who does not like sex, or one who has washed the genitals with dirty water or one who has not washed the genitals, or the one having genital diseases and intercourse with the one usually having distorted and infected genitals and in those men who enjoy such women excessively and because of the injury due to nails, teeth, poison or *śūka*[3], due to tying (of the penis), due to injury during masturbation, intercourse with female quadrupeds, due to washing the penis with dirty water, squeezing it, due to suppressing the discharge at the end of the intercourse or not washing the penis (at the end of intercourse), vitiated *doṣas* reaching the penis produce oedema with or without an ulcer; that is known as *upadaṁśa*.

---

1. *Due to abstinence for a long time, the genital parts and vaginal orifice get excessively contracted; intercourse with such a lady would cause venereal diseases—Dalhaṇa.*

2. *Hairs over the genitals.*

3. *S. S. II.* 14.

8. Types of Venereal Diseases

स पञ्चविधस्त्रिभिर्दोषैः पृथक् समस्तैरसृजा चेति ॥८॥

That (*upadaṁśa*) is of five types; due to the three vitiated *doṣas* seperately, all combined together and that due to (vitiated) blood.

9. Clinical Features

तत्र वातिके पारुष्यं त्वक्परिपुटनं स्तब्धमेढ्रता परुषशोफता विविधाश्च वातवेदनाः; पैत्तिके ज्वरः श्वयथुः पक्वोदुम्बरसङ्काशस्तीव्रदाहः क्षिप्रपाकः पित्तवेदनाश्च; श्लैष्मिके श्वयथुः कण्डूमान् कठिनः स्निग्धः श्लेष्मवेदनाश्चः रक्तजे कृष्णस्फोटप्रादुर्भावोऽत्यर्थमसृक्प्रवृत्तिः पित्तलिङ्गान्यत्यर्थं ज्वरदाहौ शोषश्च; याप्यश्चैव कदाचित्; सर्वजे सर्वलिङ्गदर्शनमवदरणं च शेफसः कृमिप्रादुर्भावो मरणं चेति ॥९॥

Now, in *upadaṁśa* caused by (vitiated) *vāta*, roughness, cracks in the skin, rigidity in the penis, induration, and different types of *vātika* pains[1] occur.

In *upadaṁśa*, caused by *pitta*, fever, oedema, redness like that of ripe *udumbara*, excessive burning, early suppuration and *paittika* pains[2] occur.

In *upadaṁśa* caused by *kapha*, oedema, itching, hardness and glossiness and *śleṣmika* pains[3] occur.

In *upadaṁśa* caused by *rakta*, appearance of black blisters, tendency for excessive bleeding, *paittika* features, excessive fever, burning and dryness occur; this is sometimes relievable.

In *upadaṁśa* caused by all the *doṣas* (together), features of all the *doṣas* are seen, tearing of penis occurs, growth of organisms takes place and death results.

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1. *Neuralgic pains.*
2. *Burning pains.*
3. *Mild itching pains.*

10. Elephantiasis: Pathogenesis

कुपितास्तु दोषा वातपित्तश्लेष्माणोऽधःप्रपन्ना वङ्क्षणोरुजानुजङ्घास्ववतिष्ठमानाः कालान्तरेण पादमाश्रित्य शनैः शोफं जनयन्ति, तं श्लीपदमित्याचक्षते। तत्त्रिविधं—वातपित्तकफनिमित्तमिति ॥१०॥

The vitiated *doṣas, vāta, pitta* and *kapha* having gone down and having got into the waist, thighs, knees, and legs and in due course of time having got located into the feet slowly, produce swelling; that is called as *ślīpada* (elephant's feet).

That is of three types—due to *vāta, pitta* and *kapha*.

11. Clinical Features of Elephantiasis

तत्र वातजं खरं कृष्णं परुषमनिमित्तानिलरुजं परिस्फुटति च बहुशः, पित्तजं तु पीतातभासमीषन्मृदु ज्वरदाहप्रायं च; श्लेष्मजं तु श्वेतं स्निग्धावभासं मन्दवेदनं भारिकं महाग्रन्थिकं कण्टकैरुपचितं च ॥११॥

In (elephantiasis) due to *vāta*, skin becomes uneven, black, rough, with many cracks and *vātika* pains occur without any reason.

In (elephantiasis) due to *pitta*, yellowishness, slight softness, fever and burning often occur.

In (elephantiasis) due to *kapha*, whiteness, glossiness, mild pain, heaviness and big glandular enlargements occur and skin gets studded with thorns.

12. The Incurable Elephantiasis

तत्र संवत्सरातीतमतिमहद्वल्मीकजातं प्रस्रुतमिति वर्जनीयानि ॥१२॥

That (elephantiasis) which is one year old, is too extensive, is like an anthill, and that which discharges should be discarded (from treatment).

13. Predominence of Kapha in Elephantiasis

भवन्ति चात्र—

त्रीण्यप्येतानि जानीयाच्छ्लीपदानि कफाच्छ्रयात्।
गुरुत्वं च महत्त्वं च यस्मान्नास्ति विना कफात्।।१३।।

So, these verses have been quoted.

Though the elephantiasis is due to the three *doṣas*, still it should be known to be due predominently to *kapha* because its heaviness and extensiveness cannot be without *kapha*.

14. Climatic Endemicity of Filaria

पुराणोदकभूयिष्ठाः सर्वर्तुषु च शीतलाः।
ये देशास्तेषु जायन्ते श्लीपदानि विशेषतः।।१४।।

Elephantiasis occurs specially in those places where there is always a collection of stagnating water and dampness round the year.

15. Elephantiasis of Hands

पादवद्धस्तयोश्चापि श्लीपदं जायते नृणाम्।
कर्णाक्षिनासिकौष्ठेषु केचिदिच्छन्ति तद्विदः।।१५।।

Elephantiasis is produced in the hands also as in the feet of human beings. Some experts say that it occurs in the ears, eyes, nose and lips also.

इति सुश्रुतसंहितायां निदानस्थाने वृद्ध्युपदंशश्लीपदनिदानं
नाम द्वादशोऽध्यायः ।।१२।।

Thus ends the twelfth chapter entitled "Diagnosis of Scrotal Swellings, Venereal Diseases and Elephantiasis" of the *Nidāna-Sthāna* of *Suśruta-Saṁhitā*.

S.S.II.12

SUGGESTED RESEARCH PROBLEMS

1. The clinical features described are very suggestive of the identity of the diseases today. A historical and comparative study of these diseases in other systems of medicine would be of value.

2. Specific mention of hydrocele, hernia and filarial scrotum (6) point to their prevalence in those days. A historical study on the early recorded descriptions of these diseases may bring out new facts.

3. Lack of sexual hygeine and trauma due to improper technique or otherwise have been mentioned as the etiological factors of venereal diseases which can be said to be somewhat true even today. An intact mucous membrane is an effective barrier to any infective organism. This may be the first recorded description of venereal diseases. A historical study in this regard may be useful (7).

4. Association of swamp and elephantiasis is very significant. A study on the early records of this disease regarding the etiological factors in other systems would be interesting (14).

निदान-स्थानम्
त्रयोदशोऽध्याय:

क्षुद्ररोगाणां निदानम्

Diagnosis of Minor Diseases

CHAPTER THIRTEEN
NIDĀNA-STHĀNA

S.S.II.13

SUMMARY

This chapter deals with the etiology, pathogenesis and clinical features of forty-four unclassified minor diseases. The description includes various congenital (41–44), inflammatory and neoplastic (27, 28/1) lesions of the skin and its appendages, acute lymphadenitis (14–17), phimosis (52/2–54), paraphimosis (47/2–50/1), anal stricture (55, 56) and rectal prolapse (61). The clinical and prognostic features of some of the diseases could have been of eruptive fevers (38) and plague (20).

त्रयोदशोऽध्यायः

Chapter Thirteen

1. अथातः क्षुद्ररोगाणां निदानं व्याख्यास्यामः ॥१॥

Now we would expound upon "The Diagnosis of Minor Diseases."

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari.*

3. Enumeration

समासेन चतुश्चत्वारिंशत् क्षुद्ररोगा भवन्ति। तद्यथा—अजगल्लिका, यवप्रख्या, अन्धालजी, विवृता, कच्छपिका, वल्मीकं, इन्द्रवृद्धा, पनसिका, पाषाणगर्दभः, जालगर्दभः, कक्षा, विस्फोटकः, अग्निरोहिणी, चिप्पं, कुनखः अनुशयी, विदारिका, शर्कराबुर्दं, पामा, विर्चचिका, रकसा, पाददारिका, कदरं, अलसेन्द्रलुप्तौ, दारुणकः, अरुंषिका, पलितं, मसूरिका यौवनपिडका, पद्मिनीकण्टकः, जतुमणिः, मशकः, चर्मकीलः, तिलकालकः, न्यच्छं, व्यङ्गः, परिवर्तिका, अवपाटिका, निरुद्धप्रकशः, संनिरुद्धगुदः, अहिपूतनं, वृषणकच्छुः, गुदभ्रंशश्चेति ॥३॥

The minor diseases are forty-four in number in all. They are :

1. *Ajagallikā*	2. *Yavaprakhyā*
3. *Andhālajī*	4. *Vivṛtā*
5. *Kacchapikā*	6. *Valmīka* (*actinomycosis*)
7. *Indravṛddhā*	8. *Panasikā*
9. *Pāṣāṇagardabha*	10. *Jālagardabha*
11. *Kakṣā*	12. *Visphoṭaka*
13. *Agnirohiṇī*	14. *Cippa* (*whitlow*)

15. *Kunakha* (*paronychia*)
16. *Anuśayī*
17. *Vidārikā*
18. *Śarkarārbuda*
19. *Pāmā*
20. *Vicarcikā*
21. *Rakasā*
22. *Pādadārikā* (*rhagades*)
23. *Kadara*
24. *Alasa*
25. *Indralupta* (*alopecia*)
26. *Dāruṇaka*
27. *Arunṣikā*
28. *Palita*
29. *Masūrikā*
30. *Yauvanapiḍakā* (*pimples*)
31. *Padminīkaṇṭaka*
32. *Jatumaṇi*
33. *Maśaka*
34. *Carmakīla* (*warts*)
35. *Tilakālaka*
36. *Nyaccha*
37. *Vyaṅga*
38. *Parivartikā* (*paraphimosis*)
39. *Avapāṭikā*
40. *Niruddhaprakaśa* (*phimosis*)
41. *Sanniruddhaguda* (*anal stenosis*)
42. *Ahipūtana* (*napkin rash*)
43. *Vṛṣaṇakacchu* and
44. *Gudabhranśa* (*rectal prolapse*)

4. Ajagallikā

स्निग्धा सवर्णा ग्रथिता नीरुजा मुद्गसन्निभा।
कफवातोत्थिता ज्ञेया बालानामजगल्लिका॥४॥

Ajagallikā should be known to occur in children, is produced by vitiated *kapha* and *vāta*, is glossy, has same colour as that of skin, is knotted, painless and is like a *mudga*.

5. Yavaprakhyā

यवाकारा सुकठिना ग्रथिता मांससंश्रिता।
पिडका श्लेष्मवाताभ्यां यवप्रख्येति सोच्यते॥५॥

That eruption is called *yavaprakhyā* which is produced by *kapha* and *vāta*, is of the shape of barley[1], is very firm, knotted and is located in the muscles.

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1. *Spindle shaped.*

6. Andhālajī

घनामवक्त्रां पिडकामुन्नतां परिमण्डलाम्।
अन्धालजीमल्पपूयां तां विद्यात् कफवातजाम्॥६॥

That swelling is known as *andhālajī* which is due to *kapha* and *vāta*, is firm, without a punctum, raised, circular and contains little pus.

7. Vivṛtā

विवृतास्यां महादाहां पक्वोदुम्बरसन्निभाम्।
विवृतामिति तां विद्यात् पित्तोत्थां परिमण्डलाम्॥७॥

That is known as *vivṛtā* which arises due to *pitta*, has a wide mouth, excessive burning, has the colour of a ripe *udumbara* fruit and is circular.

8. Kacchapikā

ग्रथिताः पञ्च वा षड्वा दारुणाः कच्छपोन्नताः।
कफानिलाभ्यां पिडका ज्ञेया कच्छपिका बुधैः॥८॥

The wise call those swellings as *kacchapikās* which are due to *kapha* and *vāta*, are knotted, five or six in number, are hard and have a hump like that of a tortoise.

9, 10. Valmīka[1]

पाणिपादतले सन्धौ ग्रीवायामूर्ध्वजत्रुणि।
ग्रन्थिर्वल्मीकवद्यस्तु शनैः समुपचीयते॥९॥
तोदक्लेदपरीदाहकण्डूमद्भिर्मुखैर्वृतः।
व्याधिर्वल्मीक इत्येष कफपित्तानिलोद्भवः॥१०॥

That disease is *valmīka* which is due to *kapha*, *pitta* and *vāta*, which arises on the surfaces of palms and soles, in the joints of neck, and in the regions above the clavicles, is knotted

1. ? *Actinomycosis, Madura Foot.*

like an anthill, increases slowly and in which pricking pain, soddening, burning sensation and itching occur around the openings.

11. Indravṛddhā

पद्मपुष्करवन्मध्ये पिडकाभिः समाचिताम्।
इन्द्रवृद्धां तु तां विद्याद्वातपित्तोत्थितां भिषक्॥११॥

The physician calls that *indravṛddhā* which arises due to *vāta* and *pitta* and is full of small boils in the centre as in a lotus fruit.

12/1, 2. Gardabhikā

मण्डलं वृत्तमुत्सन्नं सरक्तं पिडकाचितम्।
रुजाकरीं गर्दभिकां तां विद्याद्वातपित्तजाम्।

Those eruptions are known as *gardabhikās* which are produced by *vāta* and *pitta*, are circular, raised spherically, full of blood and produce pain.

12/3, 4. Panasikā

कर्णौ परि समन्ताद्वा पृष्ठे वा पिडकोग्ररुक्।
शालूकवत्पनसिकां तां विद्याच्छ्लेष्मवातजाम्॥१२॥

That swelling is known as *panasikā* which is due to *kapha* and *vāta*, occurs on the ears or around them, or on the back, has severe pain and is like the root of a waterlily.

13. Pāṣāṇa-gardabha[1]

हनुसन्धौ समुद्भूतं शोफमल्परुजं स्थिरम्।
पाषाणगर्दभं विद्याद्बलासपवनात्मकम्॥१३॥

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1. ? *Parotitis*

That is known as *pāṣāṇagardabha* which arises due to *kapha* and *vāta*, occurs in the region of temporomandibular joints, has inflammation, mild pain and is fixed.

14. Jāla-gardabha

विसर्पवत् सर्पति यो दाहज्वरकरस्तनुः।
अपाकः श्वयथुः पित्तात् स ज्ञेयो जालगर्दभः ॥१४॥

That is known as *jālagardabha* which is produced due to *pitta*, spreads like cellulitis, produces burning sensation and fever, is slender, non-suppurating and is oedematous.

15. Irivellikā[1]

पिडिकामुत्तमाङ्गस्थां वृत्तामुग्ररुजाज्वराम्।
सर्वात्मिकां सर्वलिङ्गां जानीयादिरिवेल्लिकाम् ॥१५॥

That swelling should be known as *irivellikā* which is due to all the three (*vāta*, *pitta* and *kapha*), has the features of all (the vitiated *doṣas*), is situated in the head, is circular and has severe pain and fever.

16. Kakṣā

बाहुपार्श्वांसकक्षासु कृष्णस्फोटां सवेदनाम्।
पित्तप्रकोपसंभूतां कक्षामिति विनिर्दिशेत् ॥१६॥

That should be known as *kakṣā* which is due to vitiation of *pitta*, occurs in the arms, lateral chest wall, shoulder and axilla, has black blisters and is associated with pain[2].

17. Gandhanāmā (subvariety of Kakṣā)

एकामेवंविधां दृष्ट्वा पिटिकां स्फोटसन्निभाम्।
त्वग्गतां पित्तकोपेन गन्धनामां प्रचक्षते ॥१७॥

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1. *This disease, however, has not been enumerated in the beginning.*

2. *Axillary lymphadenitis.*

In the same way another swelling seen with blisters of similar colour situated in the skin, due to vitiated *pitta* is called *gandhanāmā*.

18. Visphoṭaka

अग्निदग्धनिभाः स्फोटाः सज्वराः पित्तरक्ततः।
क्वचित् सर्वत्र वा देहे स्मृता विस्फोटका इति ॥१८॥

They are known as *visphoṭaka* which are due to *pitta* and *rakta*, occur at one place or all over the body, have blisters similar to those produced by fire cautery and are associated with fever.

19, 20. Agnirohiṇī[1]

कक्षाभागेषु ये स्फोटा जायन्ते मांसदारु(र)णाः।
अन्तर्दाहज्वरकरा दीप्तपावकसन्निभाः ॥१९॥
सप्ताहाद्वा दशाहाद्वा पक्षाद्वा घ्नन्ति मानवम्।
तामग्निरोहिणीं विद्यादसाध्यां सन्निपाततः ॥२०॥

That is known as *agnirohiṇī* which is due to all (the three *doṣas* i.e. *vāta*, *pitta* and *kapha*), which produces blisters in the region of axilla, tears the muscles, gives rise to burning sensation internally, and fever, is coloured like a blazing fire, kills the person in a week, ten days or fortnight and is incurable.

21, 22/1. Cippa (Whitlow)

नखमांसमधिष्ठाय पित्तं वातश्च वेदनाम्।
करोति दाहपाकौ च तं व्याधिं चिप्पमादिशेत् ॥२१॥
तदेवाक्षतरोगाख्यं तथोपनखमित्यपि।

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1. *Lymphadenitis, high fever and rapidly fatal course of the disease are characteristic features of bubonic plague which it could very well have been.*

That disease is known as *cippa* which is due to *pitta* and *vāta*, occurs in the nail and nail bed, is painful and produces burning and suppuration. This is also called *akṣata* disease and is synonymous with *upanakha*.

22/2, 23/1. Kunakha (Paronychia)

अभिघातात् प्रदुष्टो यो नखो रूक्षोऽसितः खरः ॥२२॥
भवेत्तं कुनखं विद्यात् कुलीनमिति संज्ञितम् ।

That nail which is damaged by trauma, is dry, blackish and rough is known as *kunakha* and is called as *kulīna*.

23/2, 24/1. Anuśayī

गम्भीरामल्पसंरम्भां सवर्णामुपरिस्थिताम् ॥२३॥
कफादन्तःप्रपाकां तां विद्यादनुशयीं भिषक् ।

The physician should recognise that as *anuśayī* which is due to *kapha*, occurs on the head, is deep, mildly oedematous, is of the colour of skin, and suppruates internally.

24/2-25/1. Vidārikā

विदारीकन्दवद्वृत्तां कक्षावङ्क्षणसन्धिषु ॥२४॥
रक्तां विदारिकां विद्यात् सर्वजां सर्वलक्षणाम् ।

That is known as *vidārikā* which is due to all (the three *vāta*, *pitta* and *kapha*) and has the features of all the *doṣas*, occurs within the folds of axillae and groins, is circular like the bulb of *vidārī* and is redddish.

25/2–28/1. Śarkarārbuda

प्राप्य मांससिरास्नायु श्लेष्मा मेदस्तथाऽनिलः ॥२५॥
ग्रन्थिं कुर्वन्ति भिन्नोऽसौ मधुसर्पिर्वसानिभम् ।
स्रवत्यास्रावमत्यर्थं तत्र वृद्धिं गतोऽनिलः ॥२६॥
मांसं विशोष्य ग्रथितां शर्करां जनयेत् पुनः ।

दुर्गन्धं क्लिन्नमत्यर्थं नानावर्णं ततः सिराः ॥२७॥
स्रवन्ति सहसा रक्तं तद्विद्याच्छर्करार्बुदम्।

Muscles, vessels, ligaments, *kapha*, fat and *vāta* mixing together produce glandular swellings upon the bursting of which an excessive secretion similar to honey, ghee and fat is dischagred; then, *vāyu* having increased, and having atrophied the muscles produces concretions in the gland again. Bad odour, excessive soddening, and sudden discharge of blood of various colours occurs from the vessels; that is known as *Śarkarārbuda*.[1]

28/2.

पामाविचर्च्यौ कुष्ठेषु रकसा च प्रकीर्तिता ॥२८॥

Pāmā, *vicarcikā*, and *rakasā* have been described with *kuṣṭha* diseases.

29. Pādadārikā (Rhagades)

परिक्रमणशीलस्य वायुरत्यर्थरूक्षयोः।
पादयोः कुरुते दारीं सरुजां तलसंश्रितः ॥२९॥

In the excessively dry feet of those who do a lot of walking, the *vāyu* getting located in the soles produces painful fissures.

30, 31. Kadara (Corn and Callosity)

शर्करोन्मथिते पादे क्षते वा कण्टकादिभिः।
मेदोरक्तानुगैश्चैव दोषैर्वा जायते नृणाम् ॥३०॥
सकीलकठिनो ग्रन्थिर्निम्नमध्योन्नतोऽपि वा।
कोलमात्रः सरुक् स्रावी जायते कदरस्तु सः ॥३१॥

When the feet get traumatised repeatedly by gravels or injured by thorns etc. the vitiated *doṣas* following the *meda* and

1. *Dermoid or Sebaceous cysts.*

rakta produce *kadara* in human beings; these lesions have a central core, are hard, knotted, depressed or else elevated in the centre, are about the size of a seed of plum, are painful and have a discharge.

32. Alasa

क्लिन्नाङ्गुल्यन्तरौ पादौ कण्डूदाहरुगन्वितौ।
दुष्टकर्दमसंस्पर्शादलसं तं विनिर्दिशेत् ॥३२॥

That is called *alasa* which occurs in the sodden interdigital clefts of feet coming into contact with dirty mud. They are associated with itching, burning and pain.

33, 34. Indralupta (Alopecia)

रोमकूपानुगं पित्तं वातेन सह मूर्च्छितम्।
प्रच्यावयति रोमाणि ततः श्लेष्मा सशोणितः॥३३॥
रुणद्धि रोमकूपांस्तु ततोऽन्येषामसंभवः।
तदिन्द्रलुप्तं खालित्यं रुज्येति च विभाव्यते॥३४॥

Pitta combining with *vāta* and getting into the pores of hairs (hair follicles) causes fall of hairs; then *kapha* alongwith *rakta* obstructs the pores of those hairs and makes it impossible for other hairs to grow. That is known as *indralupta*, *khālitya* or *rujyā*.

35. Dāruṇaka

दारुणा कण्डुरा रूक्षा केशभूमिः प्रपाटयते।
कफवातप्रकोपेण विद्याद्दारुणकं तु तम्॥३५॥

That should be known as *dāruṇaka*, in which the scalp becomes hard, itching, dry and fissured due to aggravation of *kapha* and *vāta*.

36. Arunṣikā

अरूंषि बहुवक्त्राणि बहुक्लेदीनि मूर्धनि।
कफासृक्कृमिकोपेन नृणां विद्यादरुंषिकाम् ॥३६॥

When excessively sodden lesions having multiple openings are produced in the head of human beings due to vitiation of *kapha*, *rakta* and organisms, that should be known as *arunṣikā*[1].

37. Palita

क्रोधशोकश्रमकृतः शरीरोष्मा शिरोगतः।
पित्तं च केशान् पचति पलितं तेन जायते ॥३७॥

Warmth produced by anger, grief and exertion in the body, having gone to the head, as also the *pitta*, mature the hairs; *palita* (grey hairs) is thus produced.

38. Masūrikā

दाहज्वररुजावन्तस्ताम्राः स्फोटाः सपीतकाः।
गात्रेषु वदने चान्तर्विज्ञेयास्ता मसूरिकाः ॥३८॥

Blisters which are coppery as well as yellowish and are found all over the body and on the face as well as within the oral cavity and which are associated with burning sensation, fever and pain are known as *masūrikā*.[2]

39. Mukhadūṣikā (Pimples)

शाल्मलीकण्टकप्रख्याः कफमारुतशोणितैः।
जायन्ते पिडका यूनां वक्त्रे या मुखदूषिकाः ॥३९॥

The boils which are produced in the face of the young, which are like the thorns of *śālmalī* and which are due to *kapha*, *vāta* and *rakta* are *mukhadūṣikās*.

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1. *? Eczema of the scalp.*

2. *Generalized coppery eruptions with high fever are the features of small pox. This description could have been of small pox and other eruptive fevers.*

40. Padminī-kaṇṭaka

कण्टकैराचितं वृत्तं कण्डूमत् पाण्डुमण्डलम् ।
पद्मिनीकण्टकप्रख्यैस्तदाख्यं कफवातजम् ॥४०॥

That is known as *padminī-kaṇṭaka* which is full of thorns, is circular, itching, has a yellowish periphery and is like the thorns of *padminī*; this is produced by *kapha* and *vāta*.

41. Jatumaṇi

नीरुजं सममुत्सन्नं मण्डलं कफरक्तजम् ।
सहजं रक्तमीषच्च श्लक्ष्णं जतुमणिं विदुः ॥४१॥

That lesion which is painless, raised evenly, circular, produced by *kapha* and *rakta*, is hereditary, reddish and smooth is called *jatumaṇi*.[1]

42. Maṣaka

अवेदनं स्थिरं चैव यस्य गात्रेषु दृश्यते ।
माषवत्कृष्णमुत्सन्नमनिलान्मषकं वदेत् ॥४२॥

Those eruptions which are seen all over the body, are painless and fixed, are raised and blackish, like pulse of *māṣa* and are due to *vāta* are called *maṣaka*.

43. Tilakālaka

कृष्णानि तिलमात्राणि नीरुजानि समानि च ।
वातपित्तकफोच्छोषात्तान् विद्यात्तिलकालकान् ॥४३॥

Those eruptions which are blackish, are of the size and shape of sesamum, are painless, and are due to drying up of *vāta*, *pitta* and *kapha* are known as *tilakālaka*.

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1. *Moles or birthmarks.*

44. Nyaccha

मण्डलं महदल्पं वा श्यामं वा यदि वा सितम्।
सहजं नीरुजं गात्रे न्यच्छमित्यभिधीयते ॥४४॥

Those circular eruptions on the body which are big or small, blackish or whitish, which are hereditary and painless are called *nyaccha*.

45/1. Carmakīla

समुत्थाननिदानाभ्यां चर्मकीलं प्रकीर्तितम्।

Because of similarity in the pathogenesis and diagnosis *carmakīla* has already been described.[1]

45/2–47/1. Vyaṅga and Nīlikā.

क्रोधायासप्रकुपितो वायुः पित्तेन संयुतः ॥४५॥
सहसा मुखमागत्य मण्डलं विसृजत्यतः।
नीरुजं तनुकं श्यावं मुखे व्यङ्गं तमादिशेत् ॥४६॥
कृष्णमेवंगुणं गात्रे मुखे वा नीलिकां विदुः।

The *vāyu* aggravated by anger and exertion in combination with *pitta*, reaching the face suddenly produces circular patches there, which are painless, small in size and blackish and are called *vyaṅga*.

Eruptions in the body and the face with same features (as *vyaṅga*) but blackish in colour are known as *nīlikā*.

47/2-50/1. Parivartikā (Paraphimosis)

मर्दनात् पीडनाच्चापि तथैवाप्यभिघाततः।
मेढ्रचर्म यदा वायुर्भजते सर्वतश्चरः ॥४७॥

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2. *S. S. II.* 2. 18–20.

तदा वातोपसृष्टं तु चर्म प्रतिनिवर्तते।
मणेरधस्तात् कोशश्च ग्रन्थिरूपेण लम्बते ॥४८॥
सवेदनः सदाहश्च पाकं च व्रजति क्वचित्।
मारुतागन्तुसंभूतां विद्यात्तां परिवर्तिकाम् ॥४९॥
सकण्डूः कठिना चापि सैव श्लेष्मसमुत्थिता।

Due to excessive rubbing and squeezing and also due to excessive trauma, when the all pervading (*vyāna*) *vāyu* comes to the skin of the penis, the *vāyu* having got located there retracts the skin leaving the glans below; and then the prepuce swells up like a gland. In some it is associated with pain, burning and suppuration. This is produced by *vāta* and the external factors (such as trauma etc.) and is known as *parivartikā*. If it is associated with itching and is hard, the same should be known to have arisen due to *kapha*.

50/2–52/1. Avapāṭikā (Prepucial tears)

अल्पीयःखां यदा हर्षाद्बालां गच्छेत् स्त्रियं नरः ॥५०॥
हस्ताभिघातादथवा चर्मण्युद्वर्तिते बलात्।
मर्दनात्पीडनाद्वाऽपि शुक्रवेगविघाततः ॥५१॥
यस्यावपाटयते चर्म तां विद्यादवपाटिकाम्।

When an excited man does sexual intercourse with an adolescent girl having narrow vaginal orifice, or due to manual trauma, the foreskin gets forcibly retracted or due to rubbing, squeezing or also due to suppressing seminal discharge, penile skin gets torn; that is known as *avapāṭikā*.

52/2–54. Niruddhaprakaśa (Acquired Phimosis)

वातोपसृष्टमेवं तु चर्म संश्रयते मणिम् ॥५२॥
मणिश्चर्मोपनद्धस्तु मूत्रस्रोतो रुणद्धि च।
निरुद्धप्रकशे तस्मिन्मन्दधारमवेदनम् ॥५३॥

मूत्रं प्रवर्तते जन्तोर्मणिर्न च विदीर्यते।
निरुद्धप्रकशं विद्याद्दुरुद्धां चावपाटिकाम्॥५४॥

When the *vāyu* having got vitiated and located in the prepuce and the glans, produces adhesions between the two, the urinary passage gets obstructed. With the passage getting narrow he passes thin stream of urine without pain and the glans cannot be exposed. This is also known as *niruddha-prakaśa* and is also due to improper healing of *avapāṭikā*.

55, 56. Sanniruddhaguda (Anal Stenosis)

वेगसंधारणाद्वायुर्विहतो गुदमाश्रितः।
निरुणद्धि महत्स्रोतः सूक्ष्मद्वारं करोति च॥५५॥
मार्गस्य सौक्ष्म्यात् कृच्छ्रेण पुरीषं तस्य गच्छति।
सन्निरुद्धगुदं व्याधिमेनं विद्यात् सुदुस्तरम्॥५६॥

Due to suppression of the evacuatory processes, the *vāyu* gets vitiated and having got located in the rectum, obstructs the large bowel and narrows its external opening. Due to the smallness of the passage, the faeces are passed with difficulty in the person and this disease is known as *sanniruddhaguda* and is curable with difficulty.

57, 58. Ahipūtana (Napkin rash)

शकृन्मूत्रसमायुक्तेऽधौतेऽपाने शिशोर्भवेत्।
स्विन्नस्यास्नाप्यमानस्य कण्डूः रक्तकफोद्भवा॥५७॥
कण्डूयनात्ततः क्षिप्रं स्फोटाः स्रावश्च जायते।
एकीभूतं व्रणैर्घोरं तं विद्यादहिपूतनम्॥५८॥

When the faeces and urine are present near the anus which has not been cleaned with water and in those infants to whom even after perspiration a bath has not been given, itching is produced due to *rakta* and *kapha*. Then due to itching,

blisters and discharges are quickly produced and all the ulcers become one and this serious disease is called *ahipūtana.*

59, 60. Vṛṣaṇakacchū (Scrotal dermatitis)

स्नानोत्सादनहीनस्य मलो वृषणसंश्रितः।
यदा प्रक्लिद्यते स्वेदात् कण्डू संजनयेत्तदा ॥५९॥
तत्र कण्डूयनात् क्षिप्रं स्फोटाः स्रावश्च जायते।
प्राहुर्वृषणकच्छूं तां श्लेष्मरक्तप्रकोपजाम् ॥६०॥

When, in absence of baths and annointments, faeces accumulate in the scrotal region and when that becomes sodden due to sweat, itching is produced. Then due to that itching, blisters and a discharge are quickly produced. This is called *vṛṣaṇakacchū* and is due to aggravation of *kapha* and *rakta.*

61. Guda-bhranśa (Prolapse Rectum)

प्रवाहणातिसाराभ्यां निर्गच्छति गुदं बहिः।
रूक्षदुर्बलदेहस्य तं गुदभ्रंशमादिशेत् ॥६१॥

Due to straining and diarrhoea the rectum comes out in the dehydrated and emaciated person; that is called prolapse rectum.

इति सुश्रुतसंहितायां निदानस्थाने क्षुद्ररोगनिदानं
नाम त्रयोदशोऽध्यायः ॥१३॥

Thus ends the thirteenth chapter entitled "Diagnosis of Minor Diseases" of *Nidāna-Sthāna* of *Suśruta-Saṁhitā.*

S.S.II.13

SUGGESTED RESEARCH PROBLEMS

1. A historical and comparative study on the reasons for putting acute and fatal diseases and very minor diseases together would be interesting and may give an insight into the approach of the ancients.

2. A study for the identification of the clinical entities described here would be useful in many ways.

3. *Dośika* etiology may be investigated to explain the various idiopathic skin diseases.

निदान-स्थानम्
चतुर्दशोऽध्यायः

शूकदोष-निदानम्
Diagnosis of Śūka-doṣa

CHAPTER FOURTEEN
NIDĀNA-STHĀNA

S.S.II.14

SUMMARY

Eighteen types of infective and traumatic lesions of the penis produced by the local applications of watermoss (*śūka*) to elongate it have been described alongwith their *doṣika* etiology and clinical features. Description of these lesions produced by the unhygeinic and improper medications possibly included ulcerative and neoplastic lesions.

चतुर्दशोऽध्यायः

Chapter Fourteen

1. अथातः शूकदोषनिदानं व्याख्यास्यामः ॥१॥

Now we would expound upon "The Diagnosis of *Śūka-doṣa*"[1].

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari.*

3. Enumeration of Eighteen Śūka Diseases

लिङ्गवृद्धिमिच्छतामक्रमप्रवृत्तानां शूकदोषनिमित्ता दश चाष्टौ च व्याधयो जायन्ते । तद्यथा—सर्षपिका, अष्ठीलिका, ग्रथितं, कुम्भीका, अलजी, मृदितं, संमूढपिडका, अवमन्थः, पुष्करिका, स्पर्शहानिः, उत्तमा, शतपोनकः, त्वक्पाकः शोणितार्बुदं, मांसार्बुदं, मांसपाकः, विद्रधिः, तिलकालकश्चेति ॥३॥

In those desirous of getting their penis enlarged and in those engaged in irregular procedures, eighteen diseases are produced due to *śūka-doṣa.* They are as follows :

1. *Sarṣapikā,*
2. *Aṣṭhīlikā,*
3. *Grathita,*
4. *Kumbhīkā,*
5. *Alajī,*
6. *Mṛdita,*
7. *Sammūḍhapiḍakā,*
8. *Avamantha,*

1. *Wrong use of recipes for enlarging the penis, the śuka (recipes) being watermoss with organisms (Dalhaṇa).*

9. *Puṣkarikā*,
10. *Sparśahāni*,
11. *Uttamā*,
12. *Śataponaka*,
13. *Tvakpāka*,
14. *Śoṇitārbuda*,
15. *Māṁsārbuda*,
16. *Māṁsapāka*,
17. *Vidradhi* and
18. *Tilakālaka*.

4. Sarṣapikā

गौरसर्षपतुल्या तु शूकदुर्भग्नहेतुका।
पिडका कफरक्ताभ्यां ज्ञेया सर्षपिका बुधैः ॥४॥

The boils which are like white mustard and which are due to (vitiated) *kapha* and *rakta* as a result of improper use of the recipes for elongating the penis are known as *sarṣapikā* by the wise.

5. Aṣṭhīlikā

कठिना विषमैरन्तैर्मारुतस्य प्रकोपतः।
शूकैस्तु विषसंभुग्नैः पिडकाऽष्ठीलिका भवेत् ॥५॥

The boils which are hard with irregular edges and are due to vitiation of the *vāta* as a result of the use of recipes for enlarging the genitals, along with poisonous materials are called *aṣṭhīlikā*.

6. Grathita and Kumbhīkā

शूकैर्यत् पूरितं शश्वद्ग्रथितं तत् कफोत्थितम्।
कुम्भीका रक्तपित्तोत्था जाम्बवास्थिनिभाऽशुभा ॥६॥

Grathita is that which is produced due to constant use of *śūka* and arises due to vitiated *kapha*.

Kumbhīkā arises due to vitiation of *rakta* and *pitta*, is like the seed of jambu, and is black.

7. Alajī and Mṛdita

अलजीलक्षणैर्युक्तामलजीं च वितर्कयेत्।
मृदितं पीडितं यत्तु संरब्धं वायुकोपतः ॥७॥

Alajī[1] has already been discussed alongwith its features.

Mṛdita is that which due to compression, is associated with inflammation, and is due to vitiation of *vāta*.

8/1. Saṁmūḍha

पाणिभ्यां भृशसंमूढे संमूढपिडका भवेत्।

Saṁmūḍha-piḍakā is produced by rubbing the penis with both hands.

8/2, 9/1. Avamantha

दीर्घा बह्वयश्च पिडका दीर्यन्ते मध्यतस्तु याः ॥८॥
सोऽवमन्थः कफासृग्भ्यां वेदनारोमहर्षकृत्।

Those *piḍakās* which are large, numerous and cracked in the centre are *avamanthas;* they are due to vitiated *kapha* and blood and produce pain and horripilation.

9/2, 10. Puṣkarikā & Sparśahāni

पित्तशोणितसंभूता पिडका पिडकाचिता ॥९॥
पद्मपुष्करसंस्थाना ज्ञेया पुष्करिकेति सा।
जनयेत् स्पर्शहानिं तु शोणितं शूकदूषितम् ॥१०॥

That *piḍakā* which is due to vitiation of *pitta* and *śoṇita,* which is surrounded by many smaller *piḍakās*, and which is like a lotus seed is known as *puṣkarikā.*

Sparśahāni (loss of sensation) is produced by vitiated *śoṇita* due to *śūka.*

11. Uttamā

मुद्गमाषोपमा रक्ता पिडका रक्तपित्तजा।
उत्तमैषा तु विज्ञेया शूकाजीर्णनिमित्तजा ॥११॥

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1. *S.S.II*.6.18/2.

The *piḍakās* which are like *mudga* and *māṣa* are red, and are due to vitiated *rakta* and *pitta*, should be known as *uttamā*. They are due to repeated use of *śūka* for a long time.

12. Śataponaka

छिद्रैरणुमुखैर्वस्तु चितं यस्य समन्ततः।
वातशोणितजो व्याधिर्विज्ञेयः शतपोनकः ॥१२॥

That disease in which there are multiple tiny openings alround the penis and which is due to vitiation of *vāta* and *śoṇita*, is known as *śataponaka*.

13/1. Tvakpāka

पित्तरक्तकृतो ज्ञेयस्त्वक्पाको ज्वरदाहवान्।

That should be known as *tvakpāka* which is due to vitiated *pitta* and *rakta*, and which produces fever and burning sensation.

13/2, 13/3. Śoṇitārbuda

कृष्णैः स्फोटैः सरक्तैश्च पिडकाभिश्च पीडितम्।
यस्य वास्तुरुजश्चोग्रा ज्ञेयं तच्छोणितार्बुदम् ॥१३॥

Those *piḍakās* which are associated with black and red blisters, and in which there is severe pain in the penis should be known as *śoṇitārbuda*.

14/1. Māṁsārbuda

मांसदोषेण जानीयादर्बुदं मांससंभवम्।

Māṁsārbuda should be knwon as being produced due to the vitiation of *māṁsa*.

14/2, 15/1. Māṁsapāka

शीर्यन्ते यस्य मांसानि यत्र सर्वाश्च वेदनाः ॥१४॥
विद्यात्तं मांसपाकं तु सर्वदोषकृतं भिषक्।

That in which muscles putrefy and there is pain of all types is known as *māṁsapāka* by the clinician; this is due to vitiation of all the *doṣas*.

15/2. Vidradhi

विद्रधिं सन्निपातेन यथोक्तमभिनिर्दिशेत् ॥१५॥

Vidradhi is due to a combination of all the *doṣas* together, and has already been described[1].

16, 17. Tilakālaka

कृष्णानि चित्राण्यथवा शूकानि सविषाणि च।
पातितानि पचन्त्याशु मेढ्ं निरवशेषतः ॥१६॥
कालानि भूत्वा मांसानि शीर्यन्ते यस्य देहिनः।
सन्निपातसमुत्थानं तं विद्यात्तिलकालकम् ॥१७॥

Tilakālaka is that condition which is due to vitiation of all the *doṣas* where black and mottled or poisonous *śūkas* being used putrefy the whole penis very quickly and the muscles become black and necrosed.

18. Incurable Types

तत्र मांसार्बुदं यच्च मांसपाकश्च यः स्मृतः।
विद्रधिश्च न सिध्यन्ति ये च स्युस्तिलकालकाः ॥१८॥

Out of all these *māṁsārbuda*, *māṁsapāka*, *vidradhi* and *tilakālaka* are incurable.

इति सुश्रुतसंहितायां निदानस्थाने शूकदोषनिदानं
नाम चतुर्दशोऽध्यायः ॥१४॥

Thus ends the fourteenth chapter entitled "Diagnosis of Disorders due to "*Śūka-doṣa*" of *Nidāna-Sthāna* of *Suśruta-Saṁhitā*.

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1. *S.S.II*.9.

S.S.II.14.

SUGGESTED RESEARCH PROBLEMS

1. A whole chapter devoted to the lesions caused by local applications to increase the size of the penis indicates its prevalent practice. A historical and comparative study on this practice in other civilizations may be interesting.

2. Clinical features of cancer penis can be identified in some lesions (4-18) described. Associations of cancer and application of irritants is significant and should be further looked into.

3. A study to correlate the conditions described here (4–18) with modern clinical terminology may be undertaken.

4. An experimental study to evaluate the properties of local applications of watermoss especially in increasing the size of tissues may be useful; a harmless preparation could later be developed and judged in cases of non-endocrinal hypogenitalism etc.

निदान-स्थानम्

पञ्चदशोऽध्यायः

भग्न-निदानम्

Diagnosis of Fractures and Dislocations

CHAPTER FIFTEEN

NIDĀNA-STHĀNA

S.S.II.15.

SUMMARY

Various etiological and clinical features of fractures and dislocations have been dealt with in this chapter. Trauma, accidental or otherwise, has been mentioned as the cause of all bony injuries (3).

Six types of dislocations and twelve types of fractures have been described (4).

Loss of function of the joints and tenderness have been described as the general clinical features of dislocations (6). Description of the different types of dislocations includes displacements in all directions and also some fracture-dislocations (5, 7).

Fractures have been classified into twelve types. The description includes almost all types of bony injuries including greenstick and fissured fractures and subperiosteal hematomas (8).

Crepitus, tenderness, and loss of function have been mentioned as general features of fractures (9).

Individual fractures were diagnosed on the type of injury and the deformity caused (10).

Comminuted, impacted and compound fractures have been considered difficult to treat. Very old or young and malnourished persons have been mentioned as bad risk patients (11).

Further, fractures involving head and neck, pelvis and chest were thought to be incurable (12, 13).

Pathological fractures occuring in congenitally diseased bones have also been mentioned as incurable (14).

The fractures have been said to heal better in young adults (15).

The different types of bones have been mentioned to sustain different types of fractures (16).

पञ्चदशोऽध्यायः

Chapter Fifteen

1. अथातो भग्नानां निदानं व्याख्यास्यामः ॥१॥

Hereafter we would expound upon "The Diagnosis of Fractures and Dislocations".

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*.

3. Etiology

पतनपीडनप्रहाराक्षेपणव्यालमृगदशनप्रभृतिभिरभिघातविशेषैरनेकविधमस्थ्नां भङ्गमुपदिशन्ति ॥३॥

Fall, compression, blows, throwing and specific traumas from teeth etc. of ferocious or docile animals are mentioned to cause various types of bony injuries.

4. Classification

तत्र भङ्ग (ग्न) जातमनेकविधमनुसार्यमाणं द्विविधमेवोपपद्यते सन्धिमुक्तं, काण्डभग्नं च । तत्र षड्विधं सन्धिमुक्तं द्वादशविधं काण्डभग्नं भवति ॥४॥

Now, bony injuries produced by various means are conventionally classified into two groups only—dislocation of joints and breaking of bones (fractures). The dislocations are of six types and the fractures are of twelve types.

5. Types of Dislocations

तत्र सन्धिमुक्तम्—उत्पिष्टं, विश्लिष्टं, विवर्तितम्, अवक्षिप्तं, अतिक्षिप्तं, तिर्यक्क्षिप्तमिति षड्विधम् ॥५॥

The six types of dislocations are :

1. *Utpiṣṭa* —Fracture-Dislocation.
2. *Viślişṭa* —Subluxation.
3. *Vivartita* —Dislocation with lateral displacement.
4. *Avakṣipta* —Dislocation with downward displacement.
5. *Atikṣipta* —Dislocation with overriding.
6. *Tiryakkṣipta* —Dislocation with oblique displacement.

6. General Clinical Features of Dislocations

तत्र प्रसारणाकुञ्चनविवर्तनाक्षेपणाशक्तिरुग्ररुजत्वं स्पर्शासहत्वं चेति सामान्यं सन्धिमुक्तलक्षणमुक्तम् ॥६॥

Inability of extension (and abduction), flexion (and abduction), circumduction or any movement, severe pain and hyperaesthesia, are the general clinical features of dislocations.

7. Specific Features of Dislocations

वैशेषिकं तूत्पिष्टे सन्धावुभयतः शोफो वेदनाप्रादुर्भावो विशेषतश्च नानाप्रकारा वेदना रात्रौ प्रादुर्भवन्ति; विश्लिष्टेऽल्पः शोफो वेदनासातत्यं सन्धिविक्रिया च; विवर्तिते तु सन्धिपार्श्वापगमनाद्विषमाङ्गता वेदना च; अवक्षिप्ते सन्धिविश्लेषस्तीव्ररुजत्वं च; अतिक्षिप्ते द्वयोः सन्ध्यस्थ्नोरतिक्रान्तता वेदना च; तिर्यक्क्षिप्ते त्वेकास्थिपार्श्वापगमनमत्यर्थं वेदना चेति ॥७॥

Specifically in the *utpiṣṭa* variety, swelling on both sides of the joint and pain occur; various types of pain specially occur in the nights.

In *viślișța* type, slight swelling, persistent pain and derangement of the joint occurs.

And, in the *vivartita* type of dislocation deformity and pain occur due to lateral displacement of the joint. In *avakșipta* type of dislocation separation of the joint and severe pain occur. In *atikșipta* type of dislocation there is pain and overriding of both bones of the joint. In *tiryakkșipta* type of dislocation one of the bones gets obliquely diplaced and excessive pain occurs.

8. Types of Fractures

काण्डभग्नमत ऊर्ध्वं वक्ष्यामः—कर्कटकम्, अश्वकर्णं, चूर्णितं, पिच्चितम्, अस्थिच्छल्लितं, काण्डभग्नं, मज्जानुगतम्, अतिपातितं, वक्रं, छिन्नं, पाटितं, स्फुटितमिति द्वादशविधम् ॥८॥

Now we would describe the fractures which are of twelve types :

1. *Karkațaka* —Fracture with hematoma.
2. *Aśvakarņa* —Oblique fracture.
3. *Cūrņita* —Comminuted fracture.
4. *Piccita* —Compression fracture.
5. *Asthicchallita* —Subperiosteal hematoma.
6. *Kāņḍabhagna* —Transverse fracture.
7. *Majjānugata* —Impacted fracture.
8. *Atipātita* —Complete fracture.
9. *Vakra* —Greenstick fracture.
10. *Chinna* —Incomplete fracture.
11. *Pāțita* —Cracked fracture.
12. *Sphuțita* —Fissured fracture.

9. General Features of Fractures

श्वयथुबाहुल्यं स्पन्दनविवर्तनस्पर्शासहिष्णुत्वमवपीड्यमाने शब्दः स्रस्ताङ्गता विविधवेदनाप्रादुर्भावः सर्वास्ववस्थासु न शर्मलाभ इति समासेन काण्डभग्नलक्षणमुक्तम् ॥९॥

Marked swelling, inability to bear movements or rotation and touch, crepitus on squeezing, looseness of the parts, appearance of various types of pain and no relief of pain in any posture, are briefly the general clinical features of fractures.

10. Specific Features of Fractures.

विशेषस्तु संमूढमुभयतोऽस्थिमध्ये भ(ल)ग्नं ग्रन्थिरिवोन्नतं कर्कटकम्, अश्वकर्णवदुद्गतमश्वकर्णकं, स्पृश्यमानं शब्दवच्चूर्णितमवगच्छेत्, पिच्चितं पृथुतां गतमनल्पशोफं, पार्श्वयोरस्थि हीनोद्गतमस्थिच्छलितं, वेल्लते प्रकम्पमानं काण्डभग्नम्, अस्थ्यवयवोऽस्थिमध्यमनुप्रविश्य मज्जानमुन्नह्यतीति मज्जानुगतम्, अस्थि निःशेषतश्छिन्नमतिपातितम्, आभुग्नमविमुक्तास्थि वक्रम्, अन्यतरपार्श्वावशिष्टं छिन्नं, पाटितमणुबहुविदारितं वेदनावच्च, शूकपूर्णमिवाध्मातं विपुलं विस्फुटितं स्फुटितमिति ॥१०॥

Specifically in *karkaṭaka* types there is loss of function on both sides of the fracture and in the centre it is raised like a gland (fracture hematoma).

In *aśvakarṇaka* the fracture is raised like the ears of a horse.

In *cūrṇita* type of fracture there is sound on palpation.1

In *piccita* type pf fracture there is flattening and marked swelling.

In *asthicc halita* type of fracture the bones are slightly elevated on the sides.

In *kāṇḍabhagna* the fracture moves on shaking.

In *majjānugata* type of fracture, the bony spicules get impacted into the middle of the bone and let out the bonemarrow.

In *atipātita* type of fracture, the bone is completely broken.

In *vakra* type of fracture the bones get bent, but not broken.

In *chinna* type of fracture the other side remains unbroken.

In *pāṭita* type of fracture many small cracks occur alongwith pain.

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1. *Crepitus.*

In *sphuṭita* the fracture is swollen as if full of bristles and has multiple cracks.

11—13. Prognosis

तेषु चूर्णितच्छिन्नातिपातितमज्जानुगतानि कृच्छ्रसाध्यानि, कृशवृद्धबालानां क्षतक्षीणकुष्ठिश्वासिनां सन्ध्युपगतं चेति ॥११॥

भवन्ति चात्र—

भिन्नं कपालं कट्यां तु सन्धिमुक्तं तथा च्युतम्।
जघनं प्रति पिष्टं च वर्जयेत्तच्चिकित्सकः ॥१२॥
असंश्लिष्टं कपालं तु ललाटे चूर्णितं च यत्।
भग्नं स्तनान्तरे शङ्खे पृष्ठे मूर्ध्नि च वर्जयेत् ॥१३॥

Out of them *cūrṇita*, *chinna*, *atipātita* and *majjānugata* (types of fractures) are curable with difficulty, as are also those in the weak, the old and the children and in those suffering from consumption, emaciation, leprosy (and other skin diseases) and asthma and in those in whom the joint is also involved.

These verses have been quoted in this context.

Fractures of the skull and waist as well as their dislocations and subluxation, as also, the cruhsing of the hip bones should be discarded from treatment by the physician.

Separation of skull sutures, *cūrṇita* fractures of the forhead, and fractures in the intermammary region, temples, back and vertex should be discarded (from treatment).

14,15/1. Pathological Fractures

आदितो यच्च दुर्जातमस्थि सन्धिरथापि वा।
सम्यग्यमितमप्यस्थि दुर्न्यासाद्दुर्निबन्धनात् ॥१४॥
संक्षोभाद्वापि यद्गच्छेद्विक्रियां तच्च वर्जयेत्।

The bones and joints which were abnormal even prior to injury or were so since birth[1], or those fractures which even

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1. *Pathological fractures.*

though reduced properly, have become complicated due to improper immobilisation and bandaging or due to movements should be discarded from treatment.

15/2, 16/1. Healing of Fractures at Different Ages

मध्यस्य वयसोऽवस्थास्तिस्रो याः परिकीर्तिताः ॥१५॥
तत्र स्थिरो भवेज्जन्तुरुपक्रान्तो विजानता।

If treated by the expert clinician the fractures become stable after proper treatment in the middle one of three age groups[1] as described (elsewhere).

16/2-17. Types of Fractures in Different Bones

तरुणास्थीनि नम्यन्ते भज्यन्ते नलकानि तु ॥१६॥
कपालानि विभिद्यन्ते स्फुटन्ति रुचकानि च ॥१७॥

The cartilaginous bones bend, the tubular bones break, the flat bones get fissured and the small bones get cracked.

इति सुश्रुतसंहितायां निदानस्थाने भग्ननिदानं
नाम पञ्चदशोऽध्यायः ॥१५॥

Thus ends the fifteenth chapter entitled "Diagnosis of Fractures and Dislocations" of the *Nidāna-Sthāna* of *Suśruta-Saṁhitā*.

1. *S.S.I.*35.29.

S.S.II.15

SUGGESTED RESEARCH PROBLEMS

1. A historical and comparative study on the early records of the division of bony injuries into dislocations and fractures and their further classifications should be carried out.

2. A study on the diagnositc features described for various types of fractures and dislocations should be conducted to establish their clinical identity (7, 10).

3. Mention of pathological fractures is significant. A study on the recorded mention of pathological fractures in other systems of medicine would be interesting (14).

4. Similarly a study on early mention of differential healing time in different age groups and different types of fractures occuring in different types of bones could be carried out (15, 16).

5. There has been no mention of *doṣas* in this chapter either in the etiology or symptomatology. It would be interesting to investigate into the reasons for this.

निदान-स्थानम्
षोडशोऽध्यायः

मुखरोग-निदानम्
Diagnosis of Oral Diseases

CHAPTER SIXTEEN
NIDĀNA-STHĀNA

S.S.II.16

SUMMARY

Etiology and clinical features of sixty-five diseases occuring at seven sites in the oral cavity have been dealt with in this chapter (3).

Eight diseases of the lips have been described; the description includes the clinical features of chapped lips, herpes labialis, and neoplasms (4–12).

Fifteen types of gum diseases have been enumerated. They include pyorrhoea alveolaris (17) and other inflmammatory lesions of the gums leading to loosening and èxfoliation of the teeth (16–24/1), impacted tooth (25/2–26/1) and alveolar sinuses (26/2).

Eight dental diseases (27) including caries, collection of tartar and odontitis have been described (27–35). Dislocation of the jaw (35) has been included in dental diseases.

Three *doṣika* types, carcinoma tongue and ranula have been included in the five tongue diseases (36–39). Clinical features of nine diseases of the palate have been described (40–45); enlarged uvula, and tonsils have been included in the description.

Seventeen diseases of the throat include the description of diphtheria, pharyngeal abscess, peritonsillar abscesses and neoplastic lesions (46–63).

Four types of stomatitis (64–66) have been described.

षोडशोऽध्यायः

Chapter Sixteen

1. अथातो मुखरोगाणां निदानं व्याख्यास्यामः ॥१॥

Now we would expound upon "The Diagnosis of Oral Diseases".

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*.

3. Classification of Oral Diseases

मुखरोगाः पञ्चषष्टिर्भवन्ति सप्तस्वायतनेषु। तत्रायतनानि—ओष्टौ, दन्तमूलानि, दन्ताः, जिह्वा, तालु, कण्ठः, सर्वाणि चेति। तत्राष्टावोष्ठयोः, पञ्चदश दन्तमूलेषु, अष्टौ दन्तेषु, पञ्च जिह्वायां, नव तालुनि, सप्तदश कण्ठे, त्रयः सर्वेष्वायतनेषु ॥३॥

The diseases of oral cavity are sixty-five (in number) and they occur at seven sites. These sites are : the lips, gums, teeth, tongue, palate, throat, and the whole oral cavity. There are eight diseases of the lips, fifteen of the gums, eight of the teeth, five of the tongue, nine of the palate, seventeen of the throat and three affecting the whole oral cavity.

4. Aetiology of Lip Diseases

तत्रौष्ठप्रकोपा वातपित्तश्लेष्मसन्निपातरक्तमांसमेदोभिघात-निमित्ताः ॥४॥

The diseases of lips are due to *vta*, *pitta*, *kapha* seperately and together, *śoṇita*, *māṁsa*, *medas* and trauma.

5. The Clinical Features of Lip Diseases (5—12)

Diseases of Lips due to Vāta[1]

कर्कशौ परुषौ स्तब्धौ कृष्णौ तीव्ररुगन्वितौ।
दाल्येते परिपाटयेते ह्योष्ठौ मारुतकोपतः ॥५॥

The lips afflicted by *vāta* are rough, hard, rigid, black, acutely painful and have cracks and fissures.

6. Diseases of Lips due to Pitta[2]

आचितौ पिडकाभिस्तु सर्षपाकृतिभिर्भृशम्।
सदाहपाकसंस्रावौ नीलौ पीतौ च पित्ततः ॥६॥

The lips afflicted by *pitta* are full of mustard like furuncles leading quickly to burning, suppuration and discharge and they appear blue or yellow.

7. Diseases of Lips due to Kapha[3]

सवर्णाभिस्तु चीयेते पिडकाभिरवेदनौ।
कण्डूमन्तौ कफाच्छूनौ पिच्छिलौ शीतलौ गुरू ॥७॥

The lips afflicted by (vitiated) *kapha* are painless and are associated with vesicles having the same colour (as that of lips), have itching and oedema, and are slimy, cold and heavy.

8. Diseases of Lips due to the Three Doṣas (Vāta, Pitta and Kapha) together[4]

सकृत् कृष्णौ सकृत् पीतौ सकृच्छ्वेतौ तथैव च।
सन्निपातेन विज्ञेयावनेकपिडिकाचितौ ॥८॥

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1. *It seems to be a viral infection in which crustation is accompanied with the features described here.*
2. *It could have been herpes zoster or furunculosis.*
3. ? *Allergic manifestation as after insect bite.*
4. ? *Herpes labialis.*

The lips afflicted by all the three *doṣas* together are known by their being sometimes black, sometimes yellow and sometimes white and by their having vesicles of many types.

9. Diseases of Lips due to Śoṇita[1]

खर्जूरफलवर्णाभिः पिडकाभिः समाचितौ।
रक्तापसृष्टौ रुधिरं स्रवतः शोणितप्रभौ ॥९॥

The lips afflicted by *śoṇita* have a bloody discharge, shine like blood and are associated with vesicles of the colour of date fruit.

10. Diseases of Lips due to vitiated Māṁsa[2].

मांसदुष्टौ गुरू स्थूलौ मांसपिण्डवदुद्गतौ।
जन्तवश्चात्र मूर्च्छन्ति सृक्कस्योभयतो मुखात् ॥१०॥

The lips afflicted by vitiated *māṁsa* are heavy, thick, and raised like muscular lumps and maggots appear at both the angles of the mouth.

11. Diseases of Lips due to vitiated Medas[3]

मेदसा घृतमण्डाभौ कण्डूमन्तौ स्थिरौ मृदू।
अच्छं स्फटिकसङ्काशमास्रावं स्रवतो गुरू ॥११॥

The lips afflicted by vitiated meda are like the clear upper layers of ghṛta, have itching, are fixed, soft, and heavy with a colourless crystal like discharge.

12. Diseases of Lips due to Chronic Trauma

क्षतजाभौ विदीर्येते पाट्येते चाभिघाततः।
ग्रथितौ च समाख्यातावोष्ठौ कण्डूसमन्वितौ ॥१२॥

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1. ? *Erythema multiformi.*

2. ? *Malignant granuloma or chancre.*

3. ? *Leucoplakia.*

The lips afflicted by trauma are bloody red in colour, have cracks and fissures, have knotty swellings and are associated with itching.

13. Diseases of the Gums (13–26)

दन्तमूलगतास्तु—शीतादो, दन्तपुप्पुटको, दन्तवेष्टकः, शौषिरो, महाशौषिरः, परिदर, उपकुशो, दन्तवैदर्भो, वर्धनः, अधिमांसो, नाड्यः पञ्चेति ॥१३॥

The diseases of the gums are—*Śītāda, dantapupputaka, dantaveṣṭaka, śauṣira, mahāśauṣira, paridara, upakuśa, dantavaidarbha, vardhana, adhimāṁsa,* and the five types of sinuses.

14, 15. Śītāda (Spongy gums)

शोणितं दन्तवेष्टेभ्यो यस्याकस्मात् प्रवर्तते।
दुर्गन्धीनि सकृष्णानि प्रक्लेदीनि मृदूनि च ॥१४॥
दन्तमांसानि शीर्यन्ते पचन्ति च परस्परम्।
शीतादो नाम स व्याधिः कफशोणितसंभवः ॥१५॥

That disease in which there is sudden bleeding from the gums[1], in which foul smelling, black, soft and sodden gums get necrosed and start receding is called *śītāda.* It is produced by *kapha* and *śoṇita.*

16. Dantapupputaka (Periodontitis)

दन्तयोस्त्रिषु वा यस्य श्वयथुः सरुजो महान्।
दन्तपुप्पुटको ज्ञेयः कफरक्तनिमित्तजः ॥१६॥

That disease, in which there is a painful, big inflammatory swelling in two or three teeth together should be known as *dantapupputaka* and is due to *kapha* and *rakta.*

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1. *Even with gentle touch.*

17. Dantaveṣṭa (Pyorrhoea)

स्रवन्ति पूयरुधिरं चला दन्ता भवन्ति च।
दन्तवेष्टः स विज्ञेयो दुष्टशोणितसंभवः॥१७॥

That disease in which pus and blood are discharged and teeth become loose, should be known as *dantaveṣṭa* and is produced by vitiated *śoṇita*.

18. Śauṣira (Apical Abscess, Root Abscess)

श्वयथुर्दन्तमूलेषु रुजावान् कफरक्तजः।
लालास्रावी स विज्ञेयः कण्डूमाञ् शौषिरो गदः॥१८॥

That disease in which there is swelling at the roots of teeth, which is painful, has excessive salivation and has itching should be known as *śauṣira* and is due to *kapha* and *rakta*.

19, 20/1. Mahāśauṣira (Palatal Abscess)

दन्ताश्चलन्ति वेष्टेभ्यस्तालु चाप्यवदीर्यते।
दन्तमांसानि पच्यन्ते मुखं च परिपीड्यते॥१९॥
यस्मिन् स सर्वजो व्याधिर्महाशौषिरसंज्ञकः।

That disease in which the teeth become loose from their sockets, there is tearing of the palate, suppuration of gums, and pain in the mouth is called *mahāśauṣira* and is due to vitiation of all the three *doṣas* together.

20/2, 21/1. Paridara (Bleeding Gums)

दन्तमांसानि शीर्यन्ते यस्मिन् ष्ठीवति चाप्यसृक्॥२०॥
पित्तासृक्कफजो व्याधिर्ज्ञेयः परिदरो हि सः।

That disease in which the gums decay and blood comes on spitting, is known as *paridara* and is due to *pitta*, blood and *kapha*.

21/2–23/1. Upakuśa (Suppurative Gingivitis)

वेष्टेषु दाहः पाकश्च तेभ्यो दन्ताश्चलन्ति च ॥२१॥
आघट्टिताः प्रस्रवन्ति शोणितं मन्दवेदनाः।
आध्मायन्ते स्रुते रक्ते मुखं पूति च जायते ॥२२॥
यस्मिन्नुपकुशः स स्यात् पित्तरक्तकृतो गदः।

That disease, in which there is burning sensation and inflammation in the gums, the teeth become loose, there is bleeding with mild pain on moving them and swelling occurs after discharge of blood and there is foetid odour in the mouth, is known as *upakuśa* and is due to *pitta* and *rakta.*

23/3, 24/1. Danta-vaidarbha (Traumatic Periodontitis)

घृष्टेषु दन्तमूलेषु संरम्भो जायते महान् ॥२३॥
भवन्ति च चला दन्ताः स वैदर्भोऽभिघातजः।

That disease, in which severe oedema is produced upon rubbing the roots of teeth, and the teeth become loose, is called *vaidarbha* and is due to trauma.

24/2, 25/1. Vardhana (Supernumerary Teeth)

मारुतेनाधिको दन्तो जायते तीव्रवेदनः ॥२४॥
वर्धनः स मतो व्याधिर्जाते रुक् च प्रशाम्यति।

That disease, in which the supernumerary tooth is produced by *vāta* and is severly painful, is known as *vardhana* and the pain subsides upon eruption.

25/2, 26/1. Adhimāṁsa (Impacted Tooth)

हानव्ये पश्चिमे दन्ते महाञ्छोथो महारुजः ॥२५॥
लालास्रावी कफकृतो विज्ञेयः सोऽधिमांसकः।

That disease, in which there is severe inflammation, intense pain in the jaw behind the last tooth, and salivation is known as *adhimāṁsa* and is due to *kapha.*

26/2. Alveolar Sinuses

दन्तमूलगता नाड्यः पञ्च ज्ञेया यथेरिताः ॥२६॥

As described (earlier) five types of sinuses are known to occur in the roots of teeth.

27. Diseases of the Teeth (27–35)

दन्तगतास्तु—दालनः, क्रिमिदन्तको, दन्तहर्षो, भञ्जनकः, दन्तशर्करा, कपालिका, श्यावदन्तको, हनुमोक्षश्चेति ॥२७॥

Diseases of the teeth are : *dālana, kṛmidantaka, dantaharṣa, bhañjanaka, dantaśarkarā, kapālikā, śyāvadantaka* and *hanumokṣa.*

28. Dālana (Odontalgia)

दाल्यन्ते बहुधा दन्ता यस्मिंस्तीव्ररुगन्विताः ।
दालनः स इति ज्ञेयः सदागतिनिमित्तजः ॥२८॥

That disease in which many teeth get cracked and in which severe pain is produced, is known as *dālana* and is known to be due to *vāta.*

29. Kṛmidanta (Caries)

कृष्णश्छिद्री चलः स्रावी ससंरम्भो महारुजः ।
अनिमित्तरुजो वाताद्विज्ञेयः कृमिदन्तकः ॥२९॥

That disease in which the teeth have black colour, have cavities and become loose, have a discharge, swelling and bouts of severe pain without any apparent cause, should be known as *kṛmidanta* and is due to *vāta.*

30. Dantaharṣa (Hyperaesthesia of the Teeth)

शीतमुष्णं च दशनाः सहन्ते स्पर्शनं न च ।
यस्य तं दन्तहर्षं तु व्याधिं विद्यात् समीरणात् ॥३०॥

That disease in which the teeth are unable to bear the touch of cold or hot is known as *dantaharṣa* and is due to *vāta.*

31. Bhañjanaka (Fracture Teeth)

वक्त्रं वक्रं भवेद्यस्मिन् दन्तभङ्गश्च तीव्ररुक्।
कफवातकृतो व्याधिः स भञ्जनकसंज्ञितः ॥३१॥

That disease in which the mouth becomes distorted and there is fracture of teeth alongwith severe pain is called *bhañjanaka* and is due to *kapha* and *vāta*.

32. Dantaśarkarā (Tartar)

शर्करेव स्थिरीभूतो मलो दन्तेषु यस्य वै।
सा दन्तानां गुणहरी विज्ञेया दन्तशर्करा ॥३२॥

That disease in which tartar gets deposited on the teeth like gravel, and which destroys the qualities of the teeth should be known as *dantaśarkarā*.

33. Kapālikā (Non-vital Teeth)

दलन्ति दन्तवल्कानि यदा शर्करया सह।
ज्ञेया कपालिका सैव दशनानां विनाशिनी ॥३३॥

That disease, in which enamel of the teeth alongwith gravel gets cracked, is known as *kapālikā* and this destroys the teeth.

34. Śyāvadantaka (Discoloured Teeth)

योऽसृङ्मिश्रेण पित्तेन दग्धो दन्तस्त्वशेषतः।
श्यावतां नीलतां वाऽपि गतः स श्यावदन्तकः ॥३४॥

That disease, in which the teeth gets charred due to mixed action of *śoṇita* and *pitta* and which become blackish or blue is known as *śyāvadantaka*.

35. Hanumokṣa (Dislocation of Jaw)

वातेन तैस्तैर्भावैस्तु हनुसन्धिर्विसंहतः।
हनुमोक्ष इति ज्ञेयो व्याधिरर्दितलक्षणः ॥३५॥

That disease in which the mandibular joint becomes dislocated due to *vāta* aggravated by its various causes is known as *hanumokṣa* and has the features of *ardita* disease[1].

36. Diseases of the Tongue (36–39)

जिह्वागतास्तु—कण्टकास्त्रिविधास्त्रिभिर्दोषैः, अलास, उपजिह्विका चेति ॥३६॥

Diseases of the tongue are : the three types of *kaṇṭakas* caused by the three *doṣas*, *alāsa*, and *upajihvikā*.

37. The Three Kaṇṭakas (Glossitis)

जिह्वाऽनिलेन स्फुटिता प्रसुप्ता भवेच्च शाकच्छनदप्रकाशा।
पित्तेन पीता परिदह्यते च चिता सरक्तैरपि कण्टकैश्च।
कफेन गुर्वी बहला चिता च मांसोद्गमैः शाल्मलिकण्टकाभैः ॥३७॥

The tongue vitiated by *vāta* becomes furred, loss of sensation occurs and it is rough like the leaf of *śāka* tree[2]. The tongue vitiated by *pitta* becomes yellow, has burning sensation and is full of bloody thorns[3]. The tongue vitiated by *kapha* becomes heavy, thick and is full of muscular papillae like thorns of *śālmali*[4].

38. Alāsa

जिह्वातले यः श्वयथुः प्रगाढः सोऽलाससंज्ञः कफरक्तमूर्तिः।
जिह्वां स तु स्तम्भयति प्रवृद्धो मूले तु जिह्वा भृशमेति पाकम् ॥३८॥

That disease which causes an indurated swelling[5] on the

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1. *Facial paralysis.*
2. *Furred tongue.*
3. *Acute glossitis.*
4. *Chronic hypertrophic glossitis.*
5. ? *Carcinoma tongue.*

undersurface of the tongue is called *alāsa* and is due to (vitiated) *kapha* and *rakta*. When fully developed it fixes the tongue and causes severe inflammation at the root of the tongue.

39. Upajihvikā[1]

जिह्वाग्ररूपः श्वयथुर्हि जिह्वामुन्नम्य जातः कफरक्तयोनिः।
प्रसेककण्डूपरिदाहयुक्ता प्रकथ्यतेऽसावुपजिह्विकेति ॥३९॥

That disease, in which the swelling is shaped like the tip fo the tongue, which by being underneath it raises the tongue, and is associated with salivation, itching and burning sensation, is called *upajihvikā* and this is caused by (vitiated) *kapha* and *rakta*.

40. Diseases of the Palate (40–45)

तालुगतास्तु—गलशुण्डिका, तुण्डिकेरी, अध्रुषः, कच्छपः, अर्बुदं, मांससङ्घातः, तालुपुप्पुटः, तालुशोषः, तालुपाक इति ।४०॥

Diseases of the palate are : *galaśuṇḍikā, tuṇḍikerī, adhruṣa, kacchapa, arbuda, māṁsasanghāta, tālupupputa, tāluśoṣa* and *tālupāka*.

41. Galaśuṇḍikā (Uvulitis)[2]

श्लेष्मासृग्भ्यां तालुमूलात् प्रवृद्धो दीर्घः शोफो ध्मातबस्तिप्रकाशः।
तृष्णाकासश्वासकृत् संप्रदिष्टो व्याधिर्वैद्यैः कण्ठशुण्डीतिनाम्ना ॥४१॥

That disease, which is caused by (vitiated) *kapha* and *rakta*, which spreads from the base of the palate, produces an

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1. *Sublingual swelling such as ranula, dermoid etc.*

2. *Literally gala means throat and śuṇḍī trunk of the elephant : galaśuṇḍikā* or *kaṇṭhaśuṇḍī therefore means a swelling hanging down in the throat like the trunk of an elephant.*

oblong swelling, and looks like a distended bladder, and is further complicated by thirst, cough and dyspnoea, is named *kaṇṭhaśuṇḍī* by the clinicians.

42/1. Tuṇḍikerī (Quinsy)

शोफः स्थूलस्तोददाहप्रपाकी प्रागुक्ताभ्यां तुण्डिकेरी मता तु।

That disease in which there is oedema, increase in size (of the palate), pricking pain, burning sensation and suppuration is called *tuṇḍikerī* and is due to the above mentioned two (*kapha* and *rakta*).

42/2. Adhruṣa (Acute Inflammation of the Soft Palate)

शोफः स्तब्धो लोहितस्तालुदेशे रक्ताज्ज्ञेयः सोऽध्रुषो रुग्ज्वराढ्यः ॥४२॥

That disease, in which there is oedema, fixity and redness in the region of the palate alongwith pain and fever, is called *adhruṣa* and is due to *rakta*.

43/1. Kacchapa[1] (Torus Palatinus)

कूर्मोत्सन्नोऽवेदनोऽशीघ्रजन्माऽरक्तो ज्ञेयः कच्छपः श्लेष्मणा स्यात्।

That (swelling) which is raised like a tortoise, is painless, takes a longtime to arise and is not reddish is called *kacchapa*; it is due to (vitiated) *kapha*.

43/2. Arbuda (Tumour of the Palate)

पद्माकारं तालुमध्ये तु शोफं विद्याद्रक्तादर्बुदं प्रोक्तलिङ्गम् ॥४३॥

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1. ? *Torus Palatinus : A variety of osteoma palate in which overgrowth occurs in the midline of the hard palate, consisting histologically of laminated deposition of cancellous bone, is dry, hard, the shape and size varying from a flat and small elevation to a large nodular growth (Stones,* 1954).

That swelling which is of the shape of a lotus, is in the middle of the palate, and has aforesaid features[1] of *raktārbuda* is called *arbuda*.

44. Māṁsasanghāta

दुष्टं मांसं श्लेष्मणा नीरुजं च ताल्वन्तःस्थं मांससङ्घातमाहुः ॥४४॥

That disease in which muscles inside the palate get vitiated and which is painless, is called *māṁsasanghāta* and is due to (vitiated) *kapha*.

45/1. Tālupupputa[2]

नीरुक् स्थायी कोलमात्रः कफात् स्यान्मेदोयुक्तात् पुप्पुटस्तालुदेशे ।

That swelling in the region of the palate which is painless, fixed, is of the size of a plum is *tālapupputa* and is due the *kapha* alongwith *meda*.

45/2. Tāluśoṣa

शोषोऽत्यर्थं दीर्यते चापि तालुः श्वासो वातात्तालुशोषः सपित्तात् ।

That disease in which there is excessive dryness, cracks in the palate and dyspnoea is called *tāluśoṣa* and is due to (vitiated) *vāta* alongwith *pitta*.[3]

45/3. Tālupāka (Palatal Abscess)

पित्तं कुर्यात् पाकमत्यर्थघोरं तालुन्येनं तालुपाकं वदन्ति ॥४५॥

Pitta causes excessively severe suppuration in the palate, and this is called *tālupāka*.

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1. *S.S.II*.11.15/2–17/1.
2. *Palatal swellings like mixed salivary tumours or cysts etc.*
3. *Probably it alludes to local palatal manifestation of some systemic disease.*

46. Diseases of Throat

कण्ठगतास्तु—रोहिण्यः पञ्च, कण्ठशालूकम्, अधिजिह्वो, वलयो, बलास, एकवृन्दो, वृन्दः, शतघ्नी, गिलायुः, गलविद्रधिः, गलौघः, स्वरघ्नो, मांसतानो, विदारी चेति ॥४६॥

Diseases of the throat are : Five types of *rohinī*, *kaṇtpaśālūka*, *adhijihva*, *valaya*, *balāsa*, *ekavṛnda*, *vṛnda*, *śataghnī*, *gilāyu*, *galavidradhi*, *galaugha*, *svaraghna*, *māṁsatāna*, and *vidāri*.

47. Rohiṇī (Diphtheria)

गलऽनिलः पित्तकफौ च मूर्च्छितौ
पृथक् समस्ताश्च तथैव शोणितम् ।
प्रदूष्य मांसं गलरोधिनोऽङ्कुरान्
सृजन्ति यान् साऽसुहरा हि रोहिणी ॥४७॥

The fatal disease, in which the throat is afflcted by (vitiated) *vāta*, *pitta* and *kapha* separately or all together and also by *śoṇita* which vitiate the muscular tissue and produce buds which obstruct the throat, is called *rohiṇī*.

48. Vātarohiṇī.

जिह्वां समन्ताद्भृशवेदना ये मांसाङ्कुराः कण्ठनिरोधिनः स्युः ।
तां रोहिणीं वातकृतां वदन्ति वातात्मकोपद्रवगाढयुक्ताम् ॥४८॥

That disease, in which the muscular buds are present alround the tongue, which are extremely painful and which obstruct the throat is called *rohiṇī* due to the action of *vāta*; this is accompanied with severe complications of *vāta*.

49. Pitta and Kapha Rohiṇī

क्षिप्रोद्गमा क्षिप्रविदाहपाका तीव्रज्वरा पित्तनिमित्तजा स्यात् ॥
स्रोतोनिरोधिन्यपि मन्दपाका गुर्वी स्थिरा सा कफसंभवा वै ॥४९॥

That rohiṇī, in which (muscular buds) appear quickly and soon produce burning pain and suppuration and are accompanied with high fever is known to be due to *pitta;* that in which the channels get obstructed, which is mildly suppurating, heavy and localized is due to *kapha.*

50. Rohiṇī due to Three Doṣas and Blood

गम्भीरपाकाऽप्रतिवारवीर्या त्रिदोषलिङ्गा त्रयसंभवा स्यात् ।
स्फोटाचिता पित्तसमानलिङ्गाऽसाध्या प्रदिष्टा रुधिरात्मिकेयम् ॥५०॥

That *rohiṇī*, which has deep seated suppuration, which is uncontrollable by all measures and which has the features of all the *doṣas*, is due to all the three *doṣas* together; that which is full of blisters, has features like those of *pitta* and is incurable, is due to *śoṇita.*

51. Kaṇṭhaśālūka

कोलास्थिमात्रः कफसंभवो यो ग्रन्थिर्गले कण्टकशूकभूतः ।
खरः स्थिरः शस्त्रनिपातसाध्यस्तं कण्ठशालूकमिति ब्रुवन्ति ॥५१॥

That disease in which glandular swelling of the size of a plumseed occurs in the throat, has pain like that of a thorn or bristle, and which is rough, localized and curable by surgical measures only, is called *kaṇṭhaśālūka* and this is due to *kapha.*

52. Adhijihvā[1]

जिह्वाग्ररूपः श्वयथुः कफात्तु जिह्वाप्रबन्धोपरि रक्तमिश्रात् ।
ज्ञेयोऽधिजिह्वः खलु रोग एष विवर्जयेदागतपाकमेनम् ॥५२।

That disease in which swelling of the shape of the tip of the tongue occurs at the base of the tongue due to *kapha*

1. *Swelling in the posterior part of dorsum of the tongue.*

alongwith *śoṇita* should be known as *adhijihvā.* It should be discarded (from treatment) when it undergoes suppuration.

53. Valaya[1]

बलास एवायतमुन्नतं च शोफं करोत्यन्नगतिं निवार्य।
तं सर्वथैवाप्रतिवारवीर्यं विवर्जनीयं वलयं वदन्ति ॥५३॥

That disease, which is due to *kapha* and which produces diffuse and raised swelling, which obstructs the passage of food and which is uncontrollable is called *valaya* and should be discarded (from treatment).

54. Balāsa[2]

गले तु शोफं कुरुतः प्रवृद्धौ श्लेष्मानिलौ श्वासरुजोपपन्नम्।
मर्मच्छिदं दुस्तरमेतदाहुर्बलाससंज्ञं निपुणा विकारम् ॥५४॥

That disease in which the vitiated *kapha* and *vāta* cause inflammation in the throat, and produce dyspnoea and pain, which also injures the vital spots and is treatable with great difficulty is called by the name of *balāsa* by the wise.

55. Ekavṛnda[3]

वृत्तोन्नतो यः श्वयथुः सदाहः कण्ड्वन्वितोऽपाक्यमृदुर्गुरुश्च।
नाम्नैकवृन्दः परिकीर्तितोऽसौ व्याधिर्बलासक्षतजप्रसूतः ॥५५॥

That disease, in which raised and circular inflammation alongwith burning sensation is produced, which is associated with itching, is non-suppurating, and is hard and heavy, is

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1. *Valaya literally means a bangle.*

2. *Balāsa literally means cough. The disease could have been some inflammatory lesion of the throat.*

3. ? *Chronic pharyngitis.*

known by the name of *ekavṛnda* and is caused by *kapha* and *śoṇita*.

56. Vṛinda[1]

समुन्नतं वृत्तममन्ददाहं तीव्रज्वरं वृन्दमुदाहरन्ति।
तं चापि पित्तक्षतजप्रकोपाद्विद्यात् सतोदं पवनास्रजं तु ॥५६॥

That disease, in which there is raised and circular swelling with severe burning sensation, and high fever is known as *vṛnda*, and that should be known to be caused due to vitiation of *pitta* and *śoṇita*. If pricking pain is present it is due to *vāta* and *śoṇita*.

57. Śataghnī[2]

वर्तिर्घना कण्ठनिरोधिनी या चिताऽतिमात्रं पिशितप्ररोहैः।
नानारुजोच्छ्रायकरी त्रिदोषाज्ज्ञेया शतघ्नीव शतघ्न्यसाध्या ॥५७॥

That disease in which a thick wick like swelling obstructs the throat, which is full of numerous muscular buds, which produces various types of pain, and is shaped like a *śataghnī* (weapon) is called *śataghni;* this is due to all the three *dośas* together and is incurable.

58. Gilāyu[3]

ग्रन्थिर्गले त्वामलकास्थिमात्रः
स्थिरोऽल्परुक्स्यात् कफरक्तमूर्तिः।
संलक्ष्यते सक्तमिवाशनं च
स शस्त्रसाध्यस्तु गिलायुसंज्ञः ॥५८॥

That glandular swelling in the throat, which is of the size

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1. ? *Acute pharyngitis.*
2. *Probably some malignant lesion in the throat.*
3. ? *Polyp.*

of a seed of *āmlaka*, which is localised, has mild pain and is due to *kapha* and *rakta*, which feels like an obstructed bolus and is curable by surgery only, is called *gilāyu*.

59. Galavidradhi[1]

सर्वं गलं व्याप्य समुत्थितो यः
शोफो रुजो यत्र च सन्ति सर्वाः।
स सर्वदोषो गलविद्रधिस्तु
तस्यैव तुल्यः खलु सर्वजस्य ॥५९॥

That disease, which produces inflammation after involving the whole of the throat and has pains of all the three types of *doṣas*, is called *galavidradhi*. It is due to all the *doṣas* together and has their combined features also.

60. Galaugha[2]

शोफो महानन्नजलावरोधी तीव्रज्वरो वातगतेर्निहन्ता ॥
कफेन जातो रुधिरान्वितेन गले गलौघः परिकीर्त्यतेऽसौ ॥६०॥

That disease, in which there is severe inflammation in the throat, obstruction to food and water, high fever and which obstructs the movements of wind, is called *galaugha* and is due to *kapha* and *śoṇita*.

61. Svaraghna[3]

योऽतिप्रताम्यन् श्वसिति प्रसक्तं भिन्नस्वरः शुष्क-विमुक्तकण्ठः।
कफोपदिग्धेष्वनिलायनेषु ज्ञेयः स रोगः श्वसनात् स्वरघ्नः ॥६१॥

That disease, in which (the patient) has constant dyspnoea, hoarseness of voice, dry and paralysed throat and in which

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1. ? *Retropharyngeal Abscess*.
2. *Quinsy*.
3. ? *Acute laryngitis*.

kapha occupies the places normally occupied by *vāta*, is known as *svarghna* and is due to *vāta*.

62. Māṁsatāna[1]

प्रतानवान् यः श्वयथुः सुकष्टो गलोपरोधं कुरुते क्रमेण।
स मांसतानः कथितोऽवलम्बी प्राणप्रणुत् सर्वकृतो विकारः ॥६२॥

That disease, in which the painful, spreading inflammation produces obstruction in the throat gradually is called *māṁsatāna*; it is pendulous, is fatal and is due to all the *doṣas* together.

63. Vidārī[2]

सदाहतोदं श्वयथुं सरक्तमन्तर्गले पूतिविशीर्णमांसम्।
पित्तेन विद्याद्वदने विदारीं पार्श्वे विशेषात् स तु येन शेते ॥६३।

That inflammation, which is associated with burning and pricking sensation, alongwith redness and putrified sodden flesh in the throat, is known as *vidārī* disease of the oral cavity; it is due to (vitiated) *pitta* and occurs specially on the side in which the patient sleeps.

64–66. Sarvasara (Stomatitis)[3]

सर्वसरास्तु वातपित्तकफशोणितनिमित्ताः ॥६४॥
स्फोटैः सतोदैर्वदनं समन्ताद्यस्याचितं सर्वसरः स वातात्।
रक्तैः सदाहैस्तनुभिः सपीतैर्यस्याचितं चापि स पित्तकोपात् ॥६५॥
कण्डूयुतैरल्परुजैः सवर्णैर्यस्याचितं चापि स वै कफेन।
रक्तेन पित्तोदित एक एव कैश्चित् प्रदिष्टो मुखापाकसंज्ञः ॥६६॥

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1. *A malignant lesion, probably carcinoma.*

2. *Probably some form of malignancy with superadded secondary infection.*

The *sarvasara* diseases are due to *vāta*, *pitta*, *kapha* and *śoṇita*.

Vāta and Pitta Sarvasara :

That *sarvasara* which has blisters, alongwith pricking pain all over the mouth, is due to (vitiated) *vāta*. And that *sarvasara* which is covered with reddish, slender and yellow (blisters) associated with burning sensation is due to (vitiated) *pitta*.

Kaphaja Sarvasara and Mukhapāka:

That *sarvasara* which is associated with itching and mildly painful blisters of the same colour as that of the mouth is due to (vitiated) *kapha*.

The *sarvasara* produced by (vitiated) *śoṇita* and *pitta* are one and the same; some call it *mukhapāka*.

इति सुश्रुतसंहितायां निदानस्थाने मुखरोगनिदानं नाम षोडशोऽध्यायः ॥१६॥

Thus ends the sixteenth chapter entitled 'Diagnosis of Diseases of Oral Cavity' of *Nidāna-sthāna* of *Suśruta-Saṁhitā*.

इति भगवता श्रीधन्वन्तरिणोपदिष्टायां तच्छिष्येण महर्षिणा सुश्रुतेन विरचितायां सुश्रुतसंहितायां द्वितीयं निदानस्थानम् ॥२॥

Thus ends second canto, *Nidāna-Sthāna* of *Suśruta-Saṁhitā* written by the great saint *Suśruta*, the disciple of and as preached by Lord *Dhanvantari*.

S.S.II.16

SUGGESTED RESEARCH PROBLEMS

1. A comparative study could be done to establish the identity of the various diseases described in this chapter.

2. Hare-lip has not been mentioned in the diseases of the lips, although *Vāgbhatta* has mentioned it as *khaṇḍoṣṭha.* A historical study regarding the early mention of this condition in other systems of medicine may be interesting.

3. Among the clinical features of the five types of '*rohiṇī*' specially the respiratory obstruction and its fatal course are the features of diphtheria. A study on the early mention of this disease would be worthwhile.

Reference :

Stones, H.H. (1954) : Oral and Dental Diseases, E & S. Livingston Ltd, Edinburgh and London, p. 868.

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